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FILED DEC 8 1948

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Registrar's No. 10375

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Lola Alma Kaiser

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife A.J. Kaiser 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased September 1st 1894
(Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 25
If less than one day hr. min.

9. Birthplace Marion County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name William B. Godman

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Alice Jones

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant A.J. Kaiser

(b) Address Palmyra Missouri

17. (a) Burial (b) Date thereof 26-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 29 1948 (b) J. B. Lassiter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 64

(c) City or town Rural Round Grove Township
(If outside city or town limits, write "RURAL") (If rural, give location)

(d) Street No. _____

(e) U.S. (f) No. (Yes or No) _____
City or foreign country? (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26
year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from November 11
1948 to November 26 1948.

that I last saw her alive on November 26 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumothorax, rt., tension

Due to Pneumonia, interstitial, chronic

Due to _____

Other conditions 1/4
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature C. D. Vermillion (M. D. or other) _____
Address Barnes Hospital Date signed 11/26/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed George R. H. Remelius
Licensed Embalmer No. 4283
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.