

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 38902  
Registrar's No. 9932

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. _____		State File No. 38902		Registrar's No. 9932			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis Co.</b>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>				c. LENGTH OF STAY (In this place) <b>12 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>				STREET ADDRESS (If rural, give location) <b>W.R. 1126 Sutter Ave.,</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>		b. (Middle) _____		c. (Last) <b>Kaiser</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>November 17 1949</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>April 13, 1874</b>		9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bricklayer</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>				
13a. FATHER'S NAME <b>Leonard Kaiser</b>			13b. MOTHER'S MAIDEN NAME <b>Don't Know</b>			14. NAME OF HUSBAND OR WIFE <b>Bridget Kaiser Dec.</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Helen Kaiser, 1126 Sutter Ave.,</b>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Complete biliary obstruction</b>  ANTECEDENT CAUSES DUE TO (b) <b>Probable cancer of bile ducts</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH <b>4 wks.</b>	
19a. DATE OF OPERATION <b>11/15/49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Complete obstruction of common bile duct by neoplasm.</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>46th</b>		21f. HOW DID INJURY OCCUR? <b>153X</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>Nov. 5</b> , 19 <b>49</b> , to <b>Nov. 17</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>Nov. 17</b> , 19 <b>49</b> , and that death occurred at <b>8:35 Pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>H.R. Bradley</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Barnes Hospital,</b>		23c. DATE SIGNED <b>11/17/49</b>					
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 19, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>					
DATE REC'D BY LOCAL REG. <b>NOV 18 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos. W. Clark, 1125 Hodiamont Ave.,</b>							

WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*J. W. M. Binkley*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3653

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.