

FILED JUN 9 1950

STANDARD CERTIFICATE OF DEATH

18324

State File No. ....

4733

Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS MOISSX</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Belleville</b> <b>8120</b>	
c. LENGTH OF STAY (in this place) <b>26 days</b>		d. STREET ADDRESS (If rural, give location) <b>617 Mascoutah Ave.</b> <b>8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHRIST</b> b. (Middle) _____ c. (Last) <b>KAISER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5 29 50</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-30-1887</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>House</b>	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Frank Kaiser</b>	13b. MOTHER'S MAIDEN NAME <b>Barbara Wherle</b>	14. NAME OF HUSBAND OR WIFE <b>Louisa Kaiser</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>328-03-5563</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Louisa Kaiser</b>	ADDRESS <b>Belleville, Ill.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Abdominal bleeding</b>		<b>2 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic lymphatic leukemia</b> DUE TO (c) _____		<b>More than 2 months.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>20H10</b>
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22. I hereby certify that I attended the deceased from **5-3**, **1950**, to **5-29**, **1950**, that I last saw the deceased alive on **5-29**, **1950**, and that death occurred at **7:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>F R Rudley</b> <b>D MdE.</b>	23b. ADDRESS <b>BARNES HOSPITAL</b>	23c. DATE SIGNED <b>5-29-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>5-29-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Belleville, Ill.</b>
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DATE REC'D BY LOCAL REG. <b>5-29-50</b>	REGISTRAR'S SIGNATURE <b>J. B. Sauter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Pete Gardner</b>	ADDRESS <b>Belleville, Ill.</b>
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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. ....

Not embalmed

Signed *Pete Saudner*

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

P. O. Address.....

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.