

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

No. 300  
10-48

FILED FEB 9 1951

State File No. **2664**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **408**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>408</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) <b>4 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>OAKVILLE</b>		<b>4850</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. ANTHONY HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>RT. 9, BOX 514 TELEGRAPH RD.</b>				
3. NAME OF DECEASED (Type or Print) <b>MARCUS</b>			a. (First) _____		b. (Middle) <b>A.</b>		c. (Last) <b>KAISER</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 14, 1951</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED 5</b>		
8. DATE OF BIRTH <b>AUG. 2, 1906</b>		9. AGE (In years last birthday) <b>44</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>UNEMPLOYED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>****</b>		
11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>				12. CITIZEN OF WHAT COUNTRY? <b>C</b>				
13a. FATHER'S NAME <b>HERMAN KAISER</b>			13b. MOTHER'S MAIDEN NAME <b>ALVINE LUTZ</b>			14. NAME OF HUSBAND OR WIFE <b>EMMA</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>493-09-83795</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>HERMAN KAISER RT. 9, BOX 514 OAKVILLE, MO.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Biliary Cirrhosis with Toxicosis</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <b>DUE TO (b)</b> _____ <b>DUE TO (c)</b> _____  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>1 week</b>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____				
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>581.0</b>				
22. I hereby certify that I attended the deceased from <b>Jan 10, 1951</b> , to <b>Jan 14, 1951</b> , that I last saw the deceased alive on <b>Jan 14, 1951</b> , and that death occurred at <b>5:15 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>MD</b>				23b. ADDRESS <b>3606 Grand</b>		23c. DATE SIGNED <b>1/15/51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN. 16, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. TRINITY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>2000 LEMAY FERRY ROAD (MO)</b>		
DATE REC'D BY LOCAL REG. <b>JAN 15 1951</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. HOFFMEISTER U. &amp; L. CO. 78 1/2 SO. BROADWAY, ST. LOUIS, MO.</b>				

WRITE PLAINLY—USING UNFAADING 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

*Harry Schumacher*

Signed.....  
Student Embalmer

✓ Licensed Embalmer No. *2679*

P. O. Address *7814 Broadway*

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.