

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38534

State File No. ....

REG. DIST. NO. 310 305-8

PRIMARY REG. DIST. NO. 510

Registrar's No. 215

923  
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 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 Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Florissant</b>	
c. LENGTH OF STAY (in this place) <b>5 hrs</b>		d. STREET ADDRESS (If rural, give location) <b>Rural Rt # 3</b>	
3. NAME OF DECEASED (Type or Print) <b>Erwin Kaiser</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 8 1951</b>	
a. (First)		b. (Middle)	
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>August 10 1906</b>	
9. AGE (in years last birthday) <b>45</b>		10. MONTHS <b>3</b> DAYS <b>29</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	
11. BIRTHPLACE (State or foreign country) <b>St Louis County Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>Mo</b>	
13a. FATHER'S NAME <b>Louis Kaiser</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Borgmann</b>	
14. NAME OF HUSBAND OR WIFE <b>Flora Kaiser</b>			
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>703-09-9703</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Flora Kaiser</b>		ADDRESS <b>Rt 3 Florissant Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mraemia</b>		INTERVAL BETWEEN ONSET AND DEATH <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>pyelonephritis</b>		<b>3 yrs. +</b>	
DUE TO (c)			
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 <b>6000</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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?			
22. I hereby certify that I attended the deceased from <b>Oct 31, 1950</b> to <b>Nov 8, 1951</b> , that I last saw the deceased alive on <b>Nov 8, 1951</b> , and that death occurred at <b>10:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>A. Parish Schuch, M.D.</b> (Degree or title)		23b. ADDRESS <b>St Charles Mo.</b>	
23c. DATE SIGNED <b>11/12/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 12 1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Charles Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11-12-51</b>		REGISTRAR'S SIGNATURE <b>James Hinkel</b>	
FEDERAL DIRECTOR'S SIGNATURE <b>James Hinkel</b>		ADDRESS <b>St Charles Mo.</b>	

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV 17 1951

RECEIVED

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Charles J. Macke*

Licensed Embalmer No. *4530*

P. O. Address *St. Charles, 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.