

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38439

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10175

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis
c. LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Pine Lawn no
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 3519 Manola 4001

3. NAME OF DECEASED (Type or Print)
a. (First) Henry b. (Middle) J c. (Last) Kaiser
4. DATE OF DEATH (Month) (Day) (Year) Nov. 20 1955

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH March 30 1881 9. AGE (In years last birthday) 74 10. F UNDER 1 YEAR Months Days 11. F UNDER 1 Wks. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done throughout of working life, even if retired) clerk
10b. KIND OF BUSINESS OR INDUSTRY Hardware
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry A. Kaiser 13b. MOTHER'S MAIDEN NAME Anna Morman 14. NAME OF HUSBAND OR WIFE Marguret Kaiser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 492 03 7226
17. INFORMANT'S SIGNATURE OR NAME Marguret Kaiser ADDRESS 3519 Manola

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Bladder with metastases
ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, arising prior to the above cause (a) stating the underlying cause last.
DUE TO (c) Anemia & congestive hrt failure
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Heart Failure

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 181X 20. AUTOPSY? YES NO

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? NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 2/13, 1954 to 11/20, 1955, that I last saw the deceased alive on 11/20, 1955, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE Rd Bauer M.D. (Degree or title) 23b. ADDRESS 3731 Goodfellow 23c. DATE SIGNED 11/21/55

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 11/23/55 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis Mo

DATE REC'D BY LOCAL REG. NOV 22 1955 REGISTRAR'S SIGNATURE J. Carl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Buchholz Mortuary ADDRESS 5967W. Florissant

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 Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....
Wilfrid G. Buchholz

Licensed Embalmer No. 45

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.