

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003146

STATE FILE NUMBER
2 452

FILED JAN 28 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

300
1-57
42
7D
4

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hamilton Nursing Home</u>		Length of stay in lb <u>2 1/2</u> Years		d. STREET ADDRESS (If outside, give location) <u>Cleveland Ave</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Emma Louise Kayser</u>		4. DATE OF DEATH Month Day Year <u>1-10-59</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-18-1868</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during month of working life, even if retired) <u>senior teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>taught school</u>		11. BIRTHPLACE (City and state or country) <u>Jefferson City, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>		13a. FATHER'S NAME <u>Captain John G. Kayser</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Steinestel</u>	
14. NAME OF HUSBAND OR WIFE <u>-----</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Don't Know</u>	
17. INFORMANT <u>Harry E. Krisman</u>		Address <u>17, 110 27 White Hall Court</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Influenza</u> <u>senile dementia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>cardiovascular arteriosclerosis</u> DUE TO (c) <u>cardiovascular arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>2 yr</u> <u>3 yr</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>481x</u>				19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at <u>4 A.M.</u> on <u>1-11-59</u> and last saw her/him <u>present</u> alive on <u>1-11-59</u> m or the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Marvin Rosecan M.D.</u>		22b. ADDRESS <u>100 No. Euclid</u>		22c. DATE SIGNED <u>1-12-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		23b. DATE <u>1-15-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u>	
23d. LOCATION (City, town, or county) <u>St. Louis, Mo</u>		(State)			
24. FUNERAL DIRECTOR <u>Weick Bros</u>		ADDRESS <u>2201 S. Grand</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 14 '59</u>	
26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u> <u>H.P.</u>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *J W Binkley*
Licensed Embalmer No. *7653*

P. O. Address *St Louis 80*

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.