

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Williamson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>8 DAYS</u>	c. CITY OR TOWN <u>MARION</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri Baptist</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1103 N. VAN BUREN</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>FRED</u> Middle <u>J.</u> Last <u>KAESER</u>			4. DATE OF DEATH Month <u>12</u> Day <u>6</u> Year <u>60</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-29-1875</u>	9. AGE (last birthday) <u>85 yrs</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWNER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LUMBER YARD</u>	11. BIRTHPLACE (City and state or country) <u>ST. CLAIR Co. Ill.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>John Kaeser</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Walters</u>	14. NAME OF HUSBAND OR WIFE <u>EMMA</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>343-28-7464</u>	17. INFORMANT <u>Emma Kaeser</u> Address <u>Marion, Ill</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>years</u>
IMMEDIATE CAUSE (a)	<u>Pulmonary Embolism</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Prostatic Hypertrophy</u> <u>610x</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) <u>---</u>
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year <u>---</u>
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20d. INJURY OCCURRED WHILE AT WORK <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.) <u>---</u>	20f. CITY, TOWN, OR LOCATION <u>---</u>	COUNTY <u>---</u>	STATE <u>---</u>
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21. I attended the deceased from Jan 1950 to Dec 6/60 and last saw him alive on Dec 6/60 <sup>12:30</sup> <sub>noon</sub>  
Death occurred at 3: PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Matyyn Schattyn M.D.</u>	22b. ADDRESS <u>505 Humboldt Bldg</u>	22c. DATE SIGNED <u>Dec 6/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>12-7-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OPD Fellows Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>MARION Illinois</u>
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24. FUNERAL DIRECTOR <u>M. Mitchell</u>	ADDRESS <u>MARION, ILL.</u>	25. DATE RECD. BY LOCAL REG. <u>DEC 7 1960</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith. M.D.</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Frank Prokopff

Licensed Embalmer No. 4356

P. O. Address St. Louis,

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.