

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-011983

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 851

AMENDED

FILED APR 10 1961

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights | | c. CITY OR TOWN Clayton | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital | | d. STREET ADDRESS (If outside, give location) 7533 Buckingham | |

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| 3. NAME OF DECEASED (Type or print) First OTTO Middle E Last KAISER | | | 4. DATE OF DEATH Month March Day 27 Year 1961 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 10 1877 | 9. AGE (last birthday) 83 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trust Officer | | 10b. KIND OF BUSINESS OR INDUSTRY Mercantile Tr. Co. St. Louis | | 11. BIRTHPLACE (City and state or country) U. S. A. | |
| 13a. FATHER'S NAME Joseph Kaiser | | 13b. MOTHER'S MAIDEN NAME Amelia Audurch | | 14. NAME OF HUSBAND OR WIFE Josephine Kaiser | |

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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) No none | | 17. INFORMANT Address Mrs. Josephine Kaiser 7533 Buckingham | | | |
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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 |
| IMMEDIATE CAUSE (a) Uremia | | | 1 month |
| DUE TO (b) Arteriosclerotic heart disease | | | 3 yrs |
| DUE TO (c) Arteriosclerosis general | | | estimated 20 yrs |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertrophy of prostate, obstructing. | | 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.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | |

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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.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
|--|--|------------------------------|--------|-------|

21. I attended the deceased from **Jan 18 1958** to **Mar 27 1961** and last saw ^{her} him alive on **Mar 26, 1961**
Death occurred at **3:45 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Ch. Bockelman M.D. | 22b. ADDRESS 2615 Brentwood Blvd | 22c. DATE SIGNED 3/28/61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 3/29/61 | 23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem. St. Louis Mo. | 23d. LOCATION (City, town, or county) St. Louis Mo. |
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| 24. FUNERAL DIRECTOR C.R? Lupton and Sons 7233 Delmar Blvd | 25. DATE RECD. BY LOCAL REG. 3/28/61 | 26. REGISTRAR'S SIGNATURE J. M. [Signature] |
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

Office: 1:00 P.M. Monday

County

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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