

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031339
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2294

AMENDED

FILED SEP 1 1961

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights Length of stay in 1b 3 weeks
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN St. Louis 9 Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 4317 Jamieson Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First John Middle J. Last Kaiser 4. DATE OF DEATH Month August Day 13 Year 1961
A/K/A J. Kaiser

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5/31/1892 9. AGE (last birthday) 69 IF UNDER 1 YEAR Months 2 Days 12 IF UNDER 24 HR Hours 12 Min. 00

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver-Retired 10b. KIND OF BUSINESS OR INDUSTRY St. Louis Public Service 11. BIRTHPLACE (City and state or country) Illinois 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Adam Kaiser 13b. MOTHER'S MAIDEN NAME Katherine Worsham 14. NAME OF HUSBAND OR WIFE Jennie M. Kaiser (nee Ganley)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Mrs. John J. Kaiser Address 4317 Jamieson Ave. St. Louis 9, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrovascular Accident
DUE TO (b) Systemic Cardiovascular Disease
DUE TO (c) Stroke
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 8:05 P. Month, Day, Year July 61 a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 466 Maryland 20f. CITY, TOWN, OR LOCATION Waterloo, Illinois COUNTY STATE

21. I attended the deceased from 22 July 61 to 13 Aug 61 and last saw her/him alive on 13 Aug 61
Death occurred at 8:05 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John B. Byrne, MD (Degree or title) 22b. ADDRESS 466 Maryland 22c. DATE SIGNED 14 Aug 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Motor 23b. DATE August 16, 1961 23c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cemetery 23d. LOCATION (City, town, or county) (State) Waterloo, Illinois

24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary ADDRESS 6464 Chippewa St. Louis 9, Missouri 25. DATE RECD. BY LOCAL REG. 8-14-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

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 Bruce C. Branson

Licensed Embalmer No. 4764

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.