

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Cole  
Township Jefferson  
City Jefferson (No. ....)

Registration District No. 213  
Primary Registration District No. 3017

File No. 597  
Registered No. 30  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. William Kaiser St. .... Ward.  
(Usual place of abode) 717 1/2 Main

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Caroline Yeuma

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 - 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
71      7      18

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Caretaker  
(b) General nature of industry, business, or establishment in which employed (or employer) Off City Cem. Assn.  
(c) Name of employer Beigin

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beigin Germany

10. NAME OF FATHER At

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT Mrs. Ed. Linckemeyer  
(Address) 717 1/2 Main

15. FILED 1/31/30 St. Louis REGISTERED

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1930, to Jan 24, 1930, that I last saw him alive on Jan 27, 1930, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar pneumonia  
108

(duration) yrs. mos. da. 7 da.

CONTRIBUTORY (SECONDARY) 10/100  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) W. S. Bellford, M. D.  
1-27, 1930 (Address) Jefferson City, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Beigin Cem 1/29/30

20. UNDERTAKER ADDRESS  
W. H. H. H. H. 108

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2  
10  
31

