WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

OCT 11 1934

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 3319, Williams Pl. St. ..... Ward)

File No. 34637

Registered No. 9474

2. FULL NAME Lena Kaiser

(a) Residence, No. 3319 Williams Pl. St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16th, 1867

7. AGE: YEARS 67 MONTHS 5 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Liggit & Meyers Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Ignatz Kaiser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Mrs. B. Lepe 3319 Williams Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter & Paul DATE Sept. 29 1934

19. UNDERTAKER (ADDRESS) Drehmann Hanal 1905 Union Blvd.

20. FILED SEP 26 1934 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-23-, 1934, to 9-25-, 1934

I last saw her alive on 9-25-, 1934. Death is said to have occurred on the date stated above, at 10:20 m P.M.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis
Chr. Nephritis
Cerebral hemorrhage.

Date of onset

131
93C
82A

Other contributory causes of importance:

131

Name of operation none Date of .....

What test confirmed diagnosis Phy. Exam Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) E. A. Lansche, M. D.

(Address) 4885 Natural Bridge

4885 Nat B
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