

REC'D JUL 12 1938

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

19912

Do not use this space.

5051

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1018**  
 (c) City **St. Louis, Mo.** (d) Street No. **4220 Chouteau** St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

**Theresa Kaiser** **260**  
 (a) Residence, No. **4220 Chouteau** St. **18**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Chris Kaiser**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 31, 1864**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**73 5 1**  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) **Huston Texas**  
 FATHER 13. NAME **George Dermuth**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**  
 MOTHER 15. MAIDEN NAME **Unknown**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**  
 17. INFORMANT **Mrs. John Schneider**  
 (ADDRESS) **4220 Chouteau**  
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Vahalla Crematory 6/3/38**  
 19. FUNERAL DIRECTOR **Edith E. Ambruster**  
 (ADDRESS) **4234 Manchester**  
 20. FILED **JUN 1 1938** **J. J. Budick** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/1/38** 19  
 22. I HEREBY CERTIFY, That I attended deceased from **May 31, 1938** to **June 1, 1938**  
 I last saw **her** alive on **June 1, 1938** Death is said to have occurred on the date stated above, at **8.00 A. M.**  
 The principal cause of death and related causes of importance were as follows:  
**Amyloid**  
**Arteriosclerosis**  
**Myocardial infarction**  
 Date of onset **May 31, 1938**  
 Other contributory causes of importance:  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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?.....  
 If so, specify.....  
 (Signed) **Walter Hall** M. D.  
 (Address) **1615 Franklin**

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.

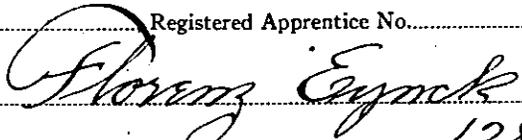
STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck....., Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. .... or by .....  
working under my personal supervision.

Signed  Registered Apprentice No. ....  
Licensed Embalmer No. 1284

**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.)**