S. No. 2
4-13-40
5-17-3
I X23

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26757

State File No. 6549

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

000
17
9

54

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: FILLED SEP 17 1941

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Enroute to City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 169

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4251 Juniata St. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A. No Attending Physician years.

3. (a) PRINT FULL NAME Herbert Nicholas Kaiser

3. (b) If veteran, name war None

3. (c) Social Security No. 488-07-2294

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Gertrude Kaiser

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased June (Month) 4th (Day) 1909 (Year)

8. AGE: Years 32 Months 2 Days 5 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Shipping clerk

11. Industry or business Paint Co.

FATHER
12. Name Nicholas Kaiser
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Caroline Klumpe
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mr. J. Englert
(b) Address 4171 Hartford St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 11 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9th year 1941 hour 11:45 minute A.M. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from Gunshot wound of Chest and Lung Inflicted at the Hands of Party or Parties Unknown

Due to around 11 40 am August 9 1941 at 9208 No 2nd St

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 166 173
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Aug 9-1941
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 26 Industrial (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 2
Address Deputy Coroner Date signed 8/11/41

(Licensed Embalmer's Statement on Reverse Side)

DEC 9 1942

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Edwin J. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.