

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(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:
Alexian Brothers
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 95
 (d) Street No. 5721 McPherson
(If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Martin C. Kaiser
 3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
 6. (b) Name of husband or wife Anna P. 6. (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased Nov. 28 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 14
 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Commercial Artist

11. Industry or business
 12. Name John Kaiser
 13. Birthplace Louisville, Ky.
(City, town, or county) (State or foreign country)
 14. Maiden name Barbara Gruend
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Anna P. Kaiser
 (b) Address 5721 McPherson Ave.
 17. (a) Burial (b) Date thereof Nov. 14, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Walter Heller
 (b) Address 3634 Gravois Ave.
NOV 13 1945
 19. (a) J. F. Bradack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
 year 1945 hour 6 minute 44 A. M.

21. I hereby certify that I attended the deceased from Oct. 27, 1945, to Nov. 12, 1945,
 that I last saw him alive on Nov. 11, 1945,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
82
 Due to _____
 Due to _____
 Other conditions General Paralysis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy _____
 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) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (g) Means of injury _____
 23. Signature H. Unterberg (M. D. or other) _____
 Address 825 France Blvd St. L. Date signed 11/12/45

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 _____

Licensed Embalmer No. _____

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.