

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23048

State File No. ....

No. 300  
10-49

FILED JUN 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1434

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shrewsbury, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2019</u>	
c. LENGTH OF STAY (in this place) <u>10 HOURS</u>		d. STREET ADDRESS (If rural, give location) <u>423 Holly Hills</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7718 Weil</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nell</u> b. (Middle) <u>Kaiser</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>June 1, 1952</u>		
---	--	--	--	--	--

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 8, 1881</u>	9. AGE (In years last birthday) <u>71</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
----------------------	-------------------------------	---	--------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
--	--	---	--

13a. FATHER'S NAME <u>Michael Lannon</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Deasy</u>	14. NAME OF HUSBAND OR WIFE <u>Edwin H. Kaiser</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Rev. Richard L. Kaiser, ST. HENRY'S CHURCH</u>
--	-----------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>few hours</u>
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary thrombosis</u> <u>Fit/si - (X Ray - marked calcified of aortic arch) (1951)</u> <u>Ch hyperemia</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, (Specify building, etc.)) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from 9-7 1951, to 6-1-52, that I last saw the deceased alive on 6-1-52, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>O. C. O'Keefe, M.D.</u> (Degree or title)	23b. ADDRESS <u>4543 Skempberg</u>	23c. DATE SIGNED <u>6/2/52</u>
---	------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-4-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
---	-------------------------	--	--

DATE REC'D BY LOCAL REG. <u>6-2-52</u>	REGISTRAR'S SIGNATURE <u>Norbert R. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Southern Funeral Home</u> <u>6322 S. Grand Blvd.</u>
--	---	--

Sw (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

001  
3

DR. O. C. PFEIFER  
4523 S. KINGSHIGHWAY

~~12 to 2 P.M. about~~

LO. 5422 2 P.M.

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4242

P. O. Address 6322 So Grand

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.