

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41300**
Registrar's No. **10929**

FILED NOV 27 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|--|-----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | |
| b. CITY OR TOWN St. Louis | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 5423 Neosho St. | | e. STREET ADDRESS (If rural, give location) 14 5423 Neosho St. 2149 | |

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|---|----------------------------------|--|-----------------------------------|--|-------------|---|---------------------------|--------------------------|---|--|--|
| 3. NAME OF DECEASED (Type or Print) LENA | | | a. (First) | | b. (Middle) | | c. (Last) UXER | | 4. DATE OF DEATH Nov. 14 1953 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | | 8. DATE OF BIRTH Sep. 30, 1868 | | 9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours | Mins. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | | 12. CITIZEN OF WHAT COUNTRY? | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME William Kaysser | | 13b. MOTHER'S MAIDEN NAME Unknown Knecht | | 14. NAME OF HUSBAND OR WIFE Late Joseph Uxer | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna Daenzer 5423 Neosho St. | |

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|---|--|--|--|--|---|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Cardia - Yes. Heart disease a hypertensive Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) arteriosclerosis | | | INTERVAL BETWEEN ONSET AND DEATH 1950 |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death | | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21f. HOW DID INJURY OCCUR? 723.0 |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) NO | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |

22. I hereby certify that I attended the deceased from **11-18-53**, to **11/19/53**, 19___, that I last saw the deceased alive on **11-14-53**, 19___, and that death occurred at **4:45 P m.**, from the causes and on the date stated above.

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|---|-----------------------------------|---|---|-------------------------------------|
| 23a. SIGNATURE (Degree or title) [Signature] | | 23b. ADDRESS 4523 S Kingshighway | | 23c. DATE SIGNED 11/26/53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Nov. 18, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | |

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|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. NOV 17 1953 | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl. | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Richard W. Stevenson*.....

Licensed Embalmer No. *4007*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.