FILED FEB 21 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 6258

BIRTH NO. ____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1339

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN: St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
e. STREET ADDRESS (If rural, give location): 1438 E. Grand

**3. NAME OF DECEASED** (Type or Print)
a. (First): JULIUS
b. (Middle):
c. (Last): KAISER

**4. DATE OF DEATH** (Month) (Day) (Year): Feb. 11, 1955

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Sept. 4, 1883
**9. AGE** (In years last birthday): 71 — If under 1 year: Months 5, Days 7 — If under 24 hrs.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Merchant
**10b. KIND OF BUSINESS OR INDUSTRY**: Gen'l Merc.
**11. BIRTHPLACE** (City and State or Foreign Country): Poland
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: Unknown
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: Nellie Kaiser
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no or unknown): Unknown (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Mrs. F. Goldstein-808 Kingsland Ave.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Gastric Hemorrhage — 4 days
DUE TO (c) from Hiatal Hernia

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerotic Heart Dis. — years

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify):
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.):
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 5604

22. *I hereby certify that I attended the deceased from* 2/8, 1955, *to* 2/11, 1955, *that I last saw the deceased alive on* 2/11, 1955, *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: N. Scheff (Degree or title): M.D.
**23b. ADDRESS**: 457 N. Kingshighway
**23c. DATE SIGNED**: 2/12/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 2/13/55
**24c. NAME OF CEMETERY OR CREMATORY**: Chesed Shel Emeth Cem.
**24d. LOCATION** (City, town, or county) (State): St. Louis County, Missouri

DATE REC'D BY LOCAL REG.: FEB 14 1955
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Herman Rindskopf, Inc., 5216 Delmar Bl

(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Ketter

Licensed Embalmer No. 388

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.