

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16742
4313

State File No.
Registrar's No.

FILED MAY 26 1955

318 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>Missouri</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>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>30 Min.</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3 6028 Elizabeth</u>		<u>2037</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u>			b. (Middle) <u>Esther</u>			c. (Last) <u>Kaiser</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 1955</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 14, 1903</u>		9. AGE (In years last birthday) <u>51</u>		if UNDER 1 YEAR Days _____ if UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Fabic Tractor-Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Peter H. Stauffer</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret Scott</u>				14. NAME OF HUSBAND OR WIFE <u>Frank 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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Kaiser 6028 Elizabeth Ave.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular disease with cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>years _____</u> <u>Month _____</u>			
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) _____		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>443X</u>	
22. I hereby certify that I attended the deceased from <u>Oct 5th</u> , 19 <u>51</u> , to <u>death</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6/29</u> , 19 <u>54</u> , and that death occurred at <u>1:45P</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Robert Paine M.D.</u>				23b. ADDRESS <u>3720 Washington, St. Louis</u>				23c. DATE SIGNED <u>5/16/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal (Motor)</u>		24b. DATE <u>May 18, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Martins Evangelical</u>		24d. LOCATION (City, town, or county) (State) <u>Churchyard High Ridge, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>MAY 16 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>U. Holmeister Colonial Mortuary</u>		ADDRESS <u>6764 Chippewa St., St. Louis, Mo.</u>			

(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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harry J. Schomacher*.....

Licensed Embalmer No. *2679*.....

P. O. Address *3814 S. Broad*.....

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.