

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38440

State File No.

9526

FILED NOV 18 1955

318

1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) Saint Louis		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis		195	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital				d. STREET ADDRESS (If rural, give location) Barth's Town Nursing Home, 4517 Forest Park Blvd.,			
3. NAME OF DECEASED (Type or Print) LOUIS		a. (First)		b. (Middle)		c. (Last) KAISER	
4. DATE OF DEATH (Month) (Day) (Year) October 29th, 1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Sept. 17th, 1873		9. AGE (in years last birthday) 82		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 18 YRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Chief Clerk		10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Kaiser		13b. MOTHER'S MAIDEN NAME Catherine Wackman		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Walter Kaiser, 8551 Riverview Blvd., 15			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - Bilateral - Lobar ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> Coronary Disease DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 5 wks. ?	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION H90x				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?			
22. I hereby certify that I attended the deceased from Sept. 19, 1951 to Oct , 19 55 , that I last saw the deceased alive on 10-29 , 19 55 , and that death occurred at 10:00P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature] M.D.				23b. ADDRESS 4500 Olive		23c. DATE SIGNED 11-1-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/2/55		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. NOV 1 1955		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Missouri			

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

(Licensed Embalmer's Statement on Reverse Side)

4800 Olive Street,
9:00AM to 12:00 Noon
Monday & Tuesday.

File in City

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *John A. Mlinar*
Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo*

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.