

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

2720

289

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

City, St Louis.....

(No. 5103 Labadie Av).....

File No.

Registered No.

St. Ward)

2. FULL NAME

Albert H Kanning

(a) Residence. No.

St.

6 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Louise Kanning

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Dec 14 1856

7. AGE

YEARS
70

MONTHS

DAYS

22

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

Wholesale Tobacco

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Fred Kanning

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT (Address)

Louise Kanning
5703 Labadie Av.

15.

FILED JAN -9 1927

May 6 Stark copy

REGISTRY

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan 6 1927

17.

I HEREBY CERTIFY, That I attended deceased from Jan 2, 1927, to Jan 6, 1927 that I last saw him alive on Jan 6, 1927, and that death occurred, on the date stated above, at 530 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (Lobar)

108

191

191

(duration) 6 yrs. 6 mos. 6 da.

CONTRIBUTORY (SECONDARY)

Myocarditis Chronic
arteriosclerotic nephritis (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

NO DID AN OPERATION PRECEDE DEATH? no DATE OF 710

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Frank J. V. Krebs, M. D.

Jan 6, 1927 (Address) 3500 7th Street

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Bickien

Jan 9 1927

20. UNDERTAKER

Thos. W. Bidonmedun

ADDRESS

1936 St Louis Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

