WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

6489

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 215a Sidney St. ..... Ward)

File No. .....

Registered No. 1700

2. FULL NAME JOSEPH. P. KIMACK

(a) Residence. No. 215a Sidney St., 23 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 22 - 26

7. AGE: Years — Months 1 Days 26 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

PARENTS

10. NAME OF FATHER: Peter Kimack

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pa.

12. MAIDEN NAME OF MOTHER: Frances Indyk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Poland

14. INFORMANT: Peter Kimack
(Address) 215a Sidney

15. FILED FEB 18 1927 19 Max C Starkeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 17th Feb 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 16th, 1927 to Feb 17th, 1927 that I last saw him alive on Feb 17th, 1927, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
11A
1MA
11A
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY): Infection Pneumonia
Lagrippe (duration) ..... yrs. ..... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? X

DID AN OPERATION PRECEDE DEATH? No. DATE OF X

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) E A Scott, M. D

, 19 (Address) 3848 So Grand Blvd

*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: St Peter & Paul

DATE OF BURIAL: Feb 19 1927

20. UNDERTAKER: Central Und Co

ADDRESS: 1841 Cass

[illegible] Broadway