

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

Do not use this space **2829**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1903**  
 City, **St. Louis** (No. **Mo. Baptist Hosp**) File No. **F 409**  
 Registered No. **F 409** St. .... Ward

**2. FULL NAME**

(a) Residence. No. **2710 1/2 Gacomar** St. **A.3** Ward. (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 **widowed**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wanda C. Kinkel**  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 1 1870**  
 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.  
**57 | 5 | 10**  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work **Collector**  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Quincy**  
 (STATE OR COUNTRY) **Illinois**

**PARENTS**  
 10. NAME OF FATHER **William Kinkel**  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Quincy**  
 (STATE OR COUNTRY) **Illinois**  
 12. MAIDEN NAME OF MOTHER **Elizabeth Soebel**  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**  
 (STATE OR COUNTRY)

14. INFORMANT **H. Clarence Kinkel**  
 (Address) **2113 1/2 Stansbury St.**

15. FILED **12 19 38** **mae G. Starck**  
 REGISTRAR

**2. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 11 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 22**, 19**27**, to **Jan 11**, 19**28**  
 that I last saw him alive on **1-10-28**, 19**28**, and that death occurred, on the date stated above, at **7:30 a.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**chronic nephritis**  
**131**  
**137 129 W**  
 (duration) yrs. mos. da.

CONTRIBUTORY **Hypertrophied Prostate**  
 (SECONDARY) (duration) ? yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH, **do not know**

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF

20. WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Laboratory Tests**  
 (Signed) **J. P. Altheide** M. D.  
 , 19 (Address) **958 Arcade Bldg**

\*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 **Valhalla Cem.** DATE OF BURIAL **1-14 1928**

20. UNDERTAKER **Witt Bros & Co. 2929 1/2 Jefferson Av.** ADDRESS

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.

