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.

18693

File No. 5083

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. Christian Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME John H. Kincaly

(a) Residence. No. 430 Adams St. Ferguson St., 10 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): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Grace Kincaly

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 18—1864

7. AGE: Years 64 Months 1 Days 18 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Hannibal
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Michael Kincaly

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

12. MAIDEN NAME OF MOTHER: Sarah Brincx

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

14. INFORMANT: J. Henry Kincaly
(Address): 430 Adams St. Ferguson Mo

15. FILED: MAY 9 1928, 19 Ray C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 6 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1908, to May 6, 1928 that I last saw h. in alive on May 6, 1928 and that death occurred, on the date stated above, at 7 15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

108 (duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) S. A. Van Hoefen, M. D

5/7, 1928 (Address) 8313 Halls Ferry Rd

*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 Crematory — DATE OF BURIAL: May 9 1928

20. UNDERTAKER: Cullinane Bros. — ADDRESS: 1710 Grand Ave