

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

Do not use this space.

22126

1. PLACE OF DEATH

County.....

Registration District No. **79T**

File No.

Township.....

Primary Registration District No. **033**

Registered No. **6301**

City **St. Louis** (No. **1218**)

Geyer ave

St. Ward)

2. FULL NAME

(a) Residence. No. **1218** **Geyer** St., **43** 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

2. SEX Male **4. COLOR OF FACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min.
55 | 11 | 26

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work... Day Laborer
(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) Ills.

10. NAME OF FATHER Geo. Kiliau

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Emily Kiliau 1218 Geyer ave

15. FILED JUN 13 1923 **Max C. Starnes** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1928

17. I HEREBY CERTIFY That I attended deceased from **Friday** 19 **28**, to **Friday** 19 **28**, that I last saw him alive on **June 21**, 19 **28**, and that death occurred, on the date stated above, at **5:30 A.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Mitral Regurgitation
Myocardial Infarction*

CONTRIBUTORY (SECONDARY) *90%*

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) *W. H. ...* M. D. **5713**, 1928 (Address) **1807 518**

*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 Paul Churchyard *June 1928*

20. UNDERTAKER **ADDRESS**
Thos. Keatts *2286 Gravois*

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.

