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

Do not use this space.

8362

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 5003

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

File No. ..... Registered No. 2015

2. FULL NAME 16690 Frank Kinney

(a) Residence. No. 3034 A 2 St., 24 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not Known

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not Known

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt.	30			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work David Sawyer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer A. Frey Box Co.

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

PARENTS

10. NAME OF FATHER Joseph B. Kinney

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

12. MAIDEN NAME OF MOTHER Mary Langan

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

14. INFORMANT Rosina
(Address) City Hospital

15. FILED FEB 13 1929, 19 Mark C. Stokes M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1929, to Feb 11, 1929, that I last saw him alive on Feb 11, 1929, and that death occurred, on the date stated above, at 9:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (Rt. Lower, Left Lobar upper & Left lower)
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. Berg M. D.
2/11, 1929 (Address) City Hospital

*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. Matthews Cemetery — DATE OF BURIAL Feb. 12 1929

20. UNDERTAKER Philander Craig — ADDRESS 4468 Washington

IN 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.

Dinney