

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

Do not use this space.

16291

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 10033

City St. Louis (No. 100)

Trisco Hospital

File No.

Registered No. 4330

St. Ward)

2. FULL NAME

Boyd Kiechert

(a) Residence, No. 605 E. Annan St., 12 Ward.

Kansas City, Mo

(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

Lucille Kiechert

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

Oct 3-1893

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>35</u>	<u>6</u>	<u>9</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Attorney.
 (b) General nature of industry, business, or establishment in which employed (or employer) Federal Gov.
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

L. J. Kiechert

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Rosa Brunstetter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

14.

INFORMANT Lucille Kiechert

(Address) St James Mo

15.

FILED APR 13 1929 St. Louis

MEDICAL CERTIFICATE OF DEATH

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

4-12-1929

17.

I HEREBY CERTIFY That I attended deceased from Apr. 9, 1929, to Apr 12, 1929, that I last saw him alive on Apr 12, 1929, and that death occurred, on the date stated above, at 4:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis, General Appendicitis, Ruptured
120 VA
108 (duration) yrs. mos. ds.
129 Pneumonia, lobar
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

At home Mo.

IF NOT AT PLACE OF DEATH

DATE OF 4-9-29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. Higgins, M. D.

412, 1929 (Address) 2460 Laskade ave

*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 James Mo

4/12 1929

20. UNDERTAKER

ADDRESS

W. Kiechert, Trisco Co 4234

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

N. B.—Every item of information should be carefully applied. 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.

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Oct 18 1891

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Room 10