

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis.

(No. 3416 Itaska Street.

File No. 16385

Registered No. 4426

St. .... Ward)

**2. FULL NAME**

Elizabeth Kissel.

(a) Residence. No. 3416 Itaska Street. St. 15 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**

Female

**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**

Frank Kissel.

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Dec. 14, 1864.

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

64

4

1

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

At Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

St. Louis.

(STATE OR COUNTRY)

Missouri.

**10. NAME OF FATHER**

Frank Kemper.

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany.

**12. MAIDEN NAME OF MOTHER** Pauline Lammert.

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany.

**14.**

INFORMANT

(Address)

Frank A Kissel  
3416 Itaska Street.

**15.**

FILED

APR 16, 1929

St. Louis

REPORTER

**MEDICAL CERTIFICATE OF DEATH**

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

April 15, 1929.

**17.**

I HEREBY CERTIFY, That I attended deceased from April 11, 1929 to April 15, 1929, that I last saw him alive on April 11, 1929, and that death occurred, on the date stated above, at 5:45 am m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Obstruction of Bowels 5:15 A.M.  
16385 - Cause Unknown

**CONTRIBUTORY (SECONDARY)**

Unknown

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

3? DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Dr. J. H. Meyer, M. D.

April 17, 1929 (Address) 4661 Virginia 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**

SS. Peter & Paul Cemetery

**DATE OF BURIAL**

Apr. 17, 1929.

**20. UNDERTAKER**

J. N. Gebken & Co.

**ADDRESS**

2842 Meramec.

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.

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