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

Do not use this space.

19295

1. PLACE OF DEATH
County: St Louis — Registration District No.: 789
Township: Central — Primary Registration District No.: 603303
City: St Louis — (No.: Tuxedo Hosp. St. Ward)

File No.:
Registered No.: 141

2. FULL NAME: Karl K. Kime
(a) Residence. No. 4618 Newberry Ter. St., 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: Goldie Kime

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 19 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	6	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Carpenter
(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): Colorado

PARENTS
10. NAME OF FATHER: James J. Kime
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Don't know
12. MAIDEN NAME OF MOTHER: Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Don't know

14. INFORMANT: Mrs. Goldie Kime
(Address): 4618 Newberry Ter.

15. FILED: 5/7, 19 29 — Geo. Brace M.D. — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 6 1929

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 9.25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 188A 191B

Accidental Traumatism from fall (fall off of new building) 12'
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Fracture 12th Dorsal Vertebra .. Basal fracture of Skull.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 5619 Natural Bridge Road
DID AN OPERATION PRECEDE DEATH? yes — DATE OF: —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) John O. Burrell, M.D.
5/7, 1929 (Address) Jones & Harris Court

*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: Kendallville Inde — DATE OF BURIAL: 5-9 1929
20. UNDERTAKER: Geo. L. Pleitsch — ADDRESS: 5966 Easton Ave