

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

Do not use this space.

16497

1. PLACE OF DEATH

County St. Louis Mo.
Township St. Louis Mo.
City St. Louis Mo.

Registration District No. 791
Primary Registration District No. 1003
(No. Resante Children Hosp. Ward)

File No. _____
Registered No. 5018

2. FULL NAME

(a) Residence. No. 1463 Warren St., 26 Ward.

(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 Lena Kiser

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-10-1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 4 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Helper 45°
(b) General nature of industry, business, or establishment in which employed (or employer) Car Repairer
(c) Name of employer Big Four R.R.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

10. NAME OF FATHER David Kiser

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

12. MAIDEN NAME OF MOTHER Mattie Harold

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

14. INFORMANT Lena Kiser (Address) 1463 Warren

15. FILED 27 1931 May C. Fink REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him alive on _____, 19____, on the date stated above, at _____ m.

96 THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ruptured Aorta
(Non-traumatic)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 96
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) John Murray

4/27 1931 (Address) Deputy Coroner

*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 Mount Hope Cem East St. Louis Ill DATE OF BURIAL April 29 1931

20. UNDERTAKER Hy. Lechner Und. Co. ADDRESS 1417 N. Market St.

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.

