

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

Do not use this space.

6771

1. PLACE OF DEATH

County Registration District No. 1701
 Township Primary Registration District No. 1003
 City St. Louis (No. Emergency City Hospital #1) St. _____ Ward _____

File No. _____
 Registered No. 1849

2. FULL NAME

Edward Kinsley
 (a) Residence, No. 2828 N. Jefferson St., 20 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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 11 14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Funeral worker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Heating & Air Conditioning
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
 13. NAME Edward Kinsley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Sam J. Honorable

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marys DATE 3-26-32

19. UNDERTAKER (ADDRESS) St. Louis

20. FILED 25 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 30 24 , 19 32

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Chronic Aortitis

Other contributory causes of importance:
Chronic Aortitis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) John P. Honorable M.-D.
St. Louis (Address) _____

N. B.—Every item of information should be carefully supplied. No amount of state or federal money is available to pay for the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

