

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

Do not use this space.

13685

File No. 1
Registered No. 23
St. _____ Ward _____

1. PLACE OF DEATH
County St. Charles Registration District No. 760
Township Pardine Primary Registration District No. 4581
City St. Peters Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Auto Kinchhoff
(a) Residence. No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 6 - 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 6 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Peters Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Ricko Kinchhoff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Peters Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jeipmbriess

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Peters Mo.
(STATE OR COUNTRY)

14. INFORMANT Maxwell J. Kinchhoff
(Address) _____

15. FILED 4/29 32 McAdams
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4
16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1932

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1932, to April 26, 1932, that I last saw him alive on April 26, 1932 and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypostatic pneumonia,
Septicemia
151A Carbuncle neck
5 6 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Diabetes mellitus
(SECONDARY) 5 7 (duration) 8 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED (1)
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF April 8 - 1932
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Vernest A. Schneider M. D.
, 19 _____ (Address) St. Charles Mo.

*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 St. Louis Cemetery DATE OF BURIAL 4/28 1932

20. UNDERTAKER Henry Mahan ADDRESS St. Peters Mo.

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.

MAY 8 1932

