

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

Do not use this space.

17558

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1008**
 City **Saint Louis** (No. **3915 West Pine Blvd.**, St. Ward)

File No.
 Registered No. **4471**
 St. Ward)

2. FULL NAME CHARLES CHRISTIAN KILGEN.

(a) Residence, No. **3915 West Pine Blvd.**, **19** Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred **26** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 **Ida J. Wessels Kilgen.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 22nd 1859**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 **14**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Prop.**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Organ building.**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **New York City.** (STATE OR COUNTRY) **N.Y.**

13. NAME **John George Kilgen**

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

15. MAIDEN NAME **Henrietta C. Kunz**

16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

17. INFORMANT **Ida J. Kilgen** (ADDRESS) **3915 West Pine Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **25-10-1932**

19. UNDERTAKER **Walter J. Jones** (ADDRESS) **6175 Delmar Blvd.**

20. FILED **MAY -7 1932** **Kurt J. Parker** Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/6/1932**, 19...
 22. I HEREBY CERTIFY, That I attended deceased from **Aug 5**, 1931, to **5/6/1932**, 19...
 I last saw him alive on **May 6**, 1932. Death is said to have occurred on the date stated above, at **2:30 P.M.**
 The principal cause of death and related causes of importance were as follows:

Myocarditis
930
97
930
 Other contributory causes of importance:
Arterio-sclerosis

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

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) **Walter J. Jones** M. D.
 (Address) **3600's Grand St**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

