MARGIN RESERVED FOR BINDING

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.

AUG 26 1932

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

Do not use this space.

23912

File No.

Registered No.

1. PLACE OF DEATH 96

County St. Louis — Registration District No. 784

Township St. Ferndand — Primary Registration District No. 6038

City River View Gardens (No. 305, Circle Drive St. Ward)

2. FULL NAME John Wm. Kieninger

(a) Residence, No. 305 Circle Dr. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10-1930

7. AGE: YEARS 2 — MONTHS 6 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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) Hardin Ill 2

FATHER

13. NAME Alfred F. Kieninger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

MOTHER

15. MAIDEN NAME Goldie Wintjen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamburg Ill 2

17. INFORMANT (ADDRESS) Alfred F. Kieninger 305 Circle Dr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hardin Ill DATE 7-19 1932

19. UNDERTAKER (ADDRESS) Sidwell Und Co. Hardin Ill

20. FILED 8/7 1932 Emma J Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1932, to 7-17, 1932

I last saw him alive on 7-17, 1932. Death is said to have occurred on the date stated above, at 11 A. m.

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

Scarlet Fever — Date of onset: 1 Week

8

Other contributory causes of importance:

(1)

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) A. F. Lerner, M. D.

(Address) 1259 N Kingshighway