

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

Do not use this space.

27324

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1123
Township Camdelex Primary Registration District No. 48 F
City St. Louis (No. MA) (Ward 12)

File No. _____
Registered No. 265

2. FULL NAME

(a) Residence, No. 7178 Manchester 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 <u>fm</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF <u>John Kiesler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 27 - 1873</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>2</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>St. Genevieve, Mo.</u>		
MOTHER FATHER	13. NAME <u>James Shaw</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>	
	15. MAIDEN NAME <u>Louise Frary</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO.</u>	
17. INFORMANT (ADDRESS) <u>John Kiesler</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Matthews</u> DATE <u>Aug 6</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Reinhart & Sons Co</u> <u>4234 Manchester Ave</u>		
20. FILED <u>Aug 3</u> 19 <u>32</u> <u>L. C. Obrock, M. D.</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-4 1932

22. 8-3 HEREBY CERTIFY, That I attended deceased from 8-3 1932 to 8-4 1932
I last saw her alive on 8-24 1932 Death is said to have occurred on the date stated above, at 7:30 A
The principal cause of death and related causes of importance were as follows:
Gangrene of lungs Date of onset _____
235
114 23

Other contributory causes of importance:
Pul T-B ①

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) Charles E. Myers, M. D.
(Address) 9101 So Broadway

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.

SEP 27 1932

