

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

Do not use this space.

30387

1. PLACE OF DEATH

County Registration District No. *791*
Township Primary Registration District No. *St. Louis*
City *St. Louis* (No. *3014*, N. *21* St.)

File No. *8037*
Registered No.
St. Ward

2. FULL NAME

John Kistner Sr.
(a) Residence, No. *3014 N. 21* St., *26* Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *55* 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*) *Widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Anna Kistner*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 29, 1856*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 10 3
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *street peddler*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *retired*
10. Date deceased last worked at this occupation (month and year) *1929* 11. Total time (years) spent in this occupation *30*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cincinnati Ohio*

13. NAME *Wm. Kistner*

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

15. MAIDEN NAME *not known*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *not known*

17. INFORMANT *Mrs. Albers* (ADDRESS) *3014 N. 21 St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Joseph's* DATE *Sept. 5 1932*

19. UNDERTAKER *Bedmeyer & Sons* (ADDRESS) *319 S. 4 St. St. Louis*

20. FILED *SEP - 4 1932* Registrar.

MEDICAL CERTIFICATE OF DEATH

4
21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 2*, 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *July 17*, 19*32* to *Sept 2*, 19*32*
I last saw him alive on *Sept 2*, 19*32*. Death is said to have occurred on the date stated above, at *6:10 p.m.*
The principal cause of death and related causes of importance were as follows:

186A
194B
Myocarditis Chronic July 17
Chronic Nephritis
Other contributory causes of importance:
Chronic Nephritis
191

Name of operation *Proton Right ankle July 17*
Full to RPT at Home Date of
What test confirmed diagnosis? Was there an autopsy? *No.*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide or homicide? *Accident* 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 *(D)*
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) *Joseph Gile*, M. D.
(Address) *3636 Hubert*

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.

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

