

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

Do not use this space.

42682

1. PLACE OF DEATH

County Registration District No. *791*
 Township Primary Registration District No. *5003*
 City *St. Louis* (No. *4027*, *W. 25th*)

File No.
 Registered No. *L 29*
 St. Ward)

2. FULL NAME

Joseph Kinster
 (a) Residence, No. *4027 W. 25th* St., *20* Ward.

(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 <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widower</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR)-WIFE-OF <i>Mary Kinster</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar 17-1860</i>				
7. AGE YEARS <i>72</i>	MONTHS <i>9</i>	DAYS <i>13</i>	IF LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <i>Laborer</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Lehigh Paper Co.</i>			
	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) <i>Floissant Mo</i>				
FATHER	13. NAME <i>John Kinster</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>			
MOTHER	15. MAIDEN NAME <i>Unknown</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>			
17. INFORMANT <i>Margaret Kawa</i> (ADDRESS) <i>4027 W. 25th</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary</i> DATE <i>Jan 3</i> 19 <i>32</i>				
19. UNDERTAKER <i>W. B. Schuchert and Co</i> (ADDRESS) <i>479 N. 3rd St. St. Louis, Mo</i>				
20. FILED <i>W. B. Schuchert</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 30*, 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 15* 19*32*, to *Dec 30*, 19*32*

I last saw him alive on *Dec 29*, 1932. Death is said to have occurred on the date stated above, at *11:35* m.

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

Chronic Hypertension

Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis *Physical* Was there an autopsy? *No*

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? *No*
 If so, specify

(Signed) *Walter J. Crow*, M. D.
 (Address) *5738 W. Floissant*

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.

