

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

Do not use this space.

15268

**1. PLACE OF DEATH**

County..... Registration District No. 1003  
 Township..... Primary Registration District No. St. Broadway  
 City St. Louis (No. 2718) St. St. Broadway Ward.....

File No. ....  
 Registered No. 3815

**2. FULL NAME**

(a) Residence, No. 2718 St. Broadway St. Ward. 23  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Wolf  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11-1866  
 7. AGE YEARS 66 MONTHS 5 DAYS 15 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
 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) Austria

13. NAME Joseph Kindsgaber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Frank Wolf  
2718 St. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Calloway DATE Apr 29 33

19. UNDERTAKER (ADDRESS) Wacker - Helderle  
2331 St. Broadway

20. FILED Apr 27 1933 Registrar.

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 26 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7<sup>th</sup> 1933, to April 26<sup>th</sup> 1933  
 I last saw h. or alive on April 26<sup>th</sup> 1933 Death is said to have occurred on the date stated above, at 7<sup>10</sup> p.m.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia

59  
12-113  
10413  
 Other contributory causes of importance:  
Cirrhosis of liver, Diabetes Mellitus, Hypertension

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? No  
 If so, specify.....  
 (Signed) Robert Preiderer, M. D.  
 (Address) 1012 Peyer Ave

Helen Ho

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.

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Heiler