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.

JUN 23 1933

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No. 17717
Township Central — Primary Registration District No. 6033 — Registered No.
City (No. Clayton Rd. W. of Conway St. Ward)

2. FULL NAME Lydia A. Kistenmacher,
(a) Residence, No. Clayton RD. W. of Conway St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1888-10-11

7. AGE: YEARS 44 — MONTHS 7 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) St. Louis, Mo.

FATHER
13. NAME Gustave Lang,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER
15. MAIDEN NAME Elizabeth Stamm,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) A. H. Kistenmacher Clayton Rd. W. of Conway,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE 5/26/33, 19

19. UNDERTAKER (ADDRESS) Robert Hambrecht Inc. Clayton Rd. at Concordia Lane,

20. FILED May 24, 1933 R. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/24/33, 19

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1932 to 5/24/33, 19
I last saw her alive on 5/24/33, 19 Death is said to have occurred on the date stated above, at 11:45 A.
The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Wound 48

Other contributory causes of importance: 48

Name of operation Cont. of Cancer Cavity Date of
What test confirmed diagnosis? Pathologist 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 no
(Signed) M. B. Shelton, M. D.
(Address) 4300a Manchester av.