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.

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

Do not use this space.

25108

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6527

Township ..... Primary Registration District No. 10183 Registered No. .....

City St Louis (No. City Hospital St. ..... Ward)

4894

2. FULL NAME William Kirchein

(a) Residence, No. No Home St. ..... 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 Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1862

7. AGE YEARS 71 MONTHS 3 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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 Adam Kirchein

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

MOTHER

15. MAIDEN NAME ?

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

17. INFORMANT (ADDRESS) Hospital Information Mildred Kent City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Louis U DATE 7-15 1933

19. UNDERTAKER (ADDRESS) Walter Richter 3500 Rutger St

20. FILED JUL 28 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/2, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/25, 1933, to 7/2, 1933

I last saw h[illegible] alive on 7/2, 1933 Death is said to have occurred on the date stated above, at 5.35 P. m.

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

	Date of onset
Hypertensive Heart Dis. (Chr. Myocarditis)	
93	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin 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) J. McColeman, M. D.

(Address) City Hospital