

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

Do not use this space.

30594

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 008

City St. Louis (No. 4951), Union St. Ward)

File No.

Registered No. 17666

2. FULL NAME

(a) Residence, No. 4951 Union 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 Married (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 - 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>43</u>	<u>8</u>	<u>5⁹</u>	

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

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)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

13. NAME Joseph F Kells

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

15. MAIDEN NAME Annie B Jeter

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

17. INFORMANT Joseph J. Kells (ADDRESS) 4951 Union Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Bella Vista DATE Sept 6 1933

19. UNDERTAKER Wachmann Herral (ADDRESS) 1925 Union

20. FILED SEP 25 1933 J. J. Brudeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Aug 1st 1933, to Sept 2nd 1933

I last saw him alive on Sept 2 1933 Death is said to have occurred on the date stated above, at 11 P. m.

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

Chronic Myocarditis

936

Other contributory causes of importance: 936

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?.....

If so, specify John A. Lutz M. D. (Address) 2323 Union Blvd

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.

SEP 20 1933

12

100
100
100

100

100

100

100