

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

Do not use this space.

42038

1. PLACE OF DEATH

County..... Registration District No. **791**
 Townshp. **St. Louis** Primary Registration District No. **1003**
 City **St. Louis** (No. **4456**) **St. Lawrence Ave** St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. **4456** **St. Lawrence Ave**, St. **9** 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 **Male** 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 **Emma L. Kingsland (Step)**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 12, 1861**
 7. AGE YEARS **72** MONTHS **7** DAYS **4** If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Salesman, Schroeder Brothers Hardware Co.**
 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 **LeRoy Kingsland**

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

MOTHER 15. MAIDEN NAME **Melissa Otter**

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

17. INFORMANT **Emma L. Kingsland** (ADDRESS) **4456 St. Lawrence Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **Dec. 29** 19**33**

19. UNDERTAKER **Mark Hermann & Son** (ADDRESS) **2101 East 12th St.**

20. FILED **DEC 27 1933** **J. B. Brebeck** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 26** 19**33**
 22. I HEREBY CERTIFY, That I attended deceased from **Sept** 19**30**, to **Dec 26** 19**33**
 I last saw him alive on **Dec 15** 19**33**. Death is said to have occurred on the date stated above, at **9:40 P.M.**
 The principal cause of death and related causes of importance were as follows:

Date of onset **Dec 26**
Cerebral Hemorrhage
 Other contributory cause of importance **82A**
97
Chronic Arterio Sclerosis 10**33**

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 _____
 (Signed) **Seth P. Smith**, M. D.
 (Address) **4500 Clarence**

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.

JAN 26 1934

WRITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

