

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

Do not use this space.

2616

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

**1003**

File No.....

Township.....

Primary Registration District No. ....

Registered No. **232**

City *St. Louis Mo.* (No. *Sanitarium*)

St. .... Ward)

**2. FULL NAME** *Adolph H. Kies*

(a) Residence, No. *5307 1/2 Landsdowne St. N. 14* Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *60* yrs. *11* mos. *21* 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) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 16 1873*

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day.	
				hrs.	min.
	<i>60</i>	<i>11</i>	<i>21</i>		

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Printing*

10. Date deceased last worked at this occupation (month and year) *Unknown* 11. Total time (years) spent in this occupation *Unknown*

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

13. NAME *John Kies*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *W.F. McQuay M.D.* (ADDRESS) *5400 Arsenal*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellevue Hospital* DATE *Jan 6 1934*

19. UNDERTAKER *Kreighbaumers Mortuaries* (ADDRESS) *4328 La. Highway St. Louis*

20. FILED *J. Brebeck* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 5th 1934*

22. I HEREBY CERTIFY that I attended deceased from *Oct 16th 1933* to *Jan 5th 1934*

I last saw him alive on *Jan 5th 1934* Death is said to have occurred on the day stated above, at *12:55 a.m.*

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

Date of onset

*Chronic myocarditis 10/16/33*  
*arterio sclerosis 131*

Other contributory causes of importance

*Chr. Intestinal hyperplasia 9.7*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis *Clinical* 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) *William F. McQuay* (Address) *5400 Arsenal St*

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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