

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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County.....Buchanan..... Registration District No. 85
Township..... Primary Registration District No. 1001
City.....St. Joseph..... (No. 825 North 11 street) St. Ward)

File No. 3985
Registered No. 148

2. FULL NAME Albert Kienzle

(a) Residence, No. 825 North 11 street St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 75 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 Ollie Kienzle				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 10, 1857				
7. AGE	YEARS 78	MONTHS 2	DAYS 25	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Druggist.			
	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) 1901		11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN).....Homer
(STATE OR COUNTRY) Illinois

13. NAME Stanislaus Kienzle

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

15. MAIDEN NAME Amelia -----

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

17. INFORMANT Mrs. Ollie Kienzle
(ADDRESS) 825 North 11 st St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery
PLACE St. Joseph Mo. DATE Feb. 7 1934

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 1802 Union St St. Joseph Mo.

20. FILED 2-6 1934 John R. Bender Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1933, to Feb. 5, 1934
I last saw him alive on Feb. 4, 1934 Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Arteria pectoris
Cardio vascular
renal disease
Date of onset

Other contributory causes of importance:
Arteria sclerosata

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) Jacob Bleiger, M. D.
(Address) St. Joseph, Mo.

