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.

JUN 19 1934

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

Do not use this space.

18447

File No.

Registered No. 4924

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis (No. Isolation Hosp St. Ward)

2. FULL NAME Lorraine Kindle

(a) Residence, No. 911 Lafayette St. 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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) Nov. 30, 1928

7. AGE: Years 5 Months 5 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) St. Louis (STATE OR COUNTRY)

FATHER

13. NAME Joe Kindle

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

MOTHER

15. MAIDEN NAME Lorraine Hessel

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

17. INFORMANT Grace Carson (ADDRESS) 5100 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter Paul DATE May 16-34 19

19. UNDERTAKER Fenchler Red Co (ADDRESS) 7515 Michigan Av

20. FILED MAY 15 1934 19 J. F. Biedeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

5.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1934, to April 13, 1934

I last saw her alive on April 13, 1934. Death is said to have occurred on the date stated above, at 11:15 p.m.

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

| | Date of onset |
|---|---|
| Scarlet Fever | 6 |
| Bilateral Cervical Adenitis | 10-28 |
| Glossitis | 6 |
| Other contributory causes of importance: Bilateral otitis Media | |

Name of operation Tracheotomy Date of 5-13

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) John Eichenbrenner M. D.

(Address) ISOLATION HOSPITAL