

DEC 14 1934

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

Do not use this space.

1. PLACE OF DEATH

County Maunders
Township Central
City (No.) St. Ward)

Registration District No. 294
Primary Registration District No. 5409B

File No. 39045
Registered No.

2. FULL NAME

Fred William Kiege
(a) Residence, No. St. Clair Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Loris Kiege</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 21 1867</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>10</u>
	DAYS <u>23</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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)..... <u>Union Mo</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>Henry Kiege</u>	
	14. BIRTHPLACE (CITY OR TOWN)..... <u>Not known</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Victoria Busch</u>	
	16. BIRTHPLACE (CITY OR TOWN)..... <u>Not known</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Mrs. Fred Kiege</u> (ADDRESS) <u>St. Clair, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Home</u> DATE <u>Nov 17 1934</u>		
19. UNDERTAKER <u>Wm. Carey & Co.</u> (ADDRESS) <u>St. Clair, Mo.</u>		
20. FILED <u>Nov. 17 1934</u> <u>W. E. Kitchell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan - 16 - 1934 to 11-14-1934
I last saw him alive on 11-11-1934 Death is said to have occurred on the date stated above, at 12 05.
The principal cause of death and related causes of importance were as follows:
Cancer of Prostate.
Other contributory causes of importance: 51

Name of operation no Date of
What test confirmed diagnosis? Chemical 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?
If so, specify W. E. Kitchell, M. D.
(Signed) W. E. Kitchell
(Address) St. Clair, Mo.

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.

