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.

DEC 13 1934

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

Do not use this space.

791

41075

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11024

City St Louis (No. ....., ... St. ..... Ward)

2. FULL NAME Oscar Kinnebrew

(a) Residence, No. 2401 a Biddle St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 9 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Minor

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1922 ~~November 14, 1934~~

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
11	10	20	

OCCUPATION

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

FATHER

13. NAME Oscar Kinnebrew
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Johnie Mae Berry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Johnnie Mae Kinnebrew 2401 Biddle St

18. BURIAL, CREMATION OR REMOVAL
PLACE Greenwood Cem. DATE 10/18 1934

19. UNDERTAKER (ADDRESS) R. M. C. Green 3507 Laclede Ave

20. FILED NOV 19 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

5

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1934, to Nov. 14, 1934

I last saw him alive on Nov. 14, 1934. Death is said to have occurred on the date stated above, at 12:40 P.m.

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

	Date of onset
Acute Catarrhal Jaundice	
General Septicemia	
155 b	
1	
1	
1	
152 b	

Other contributory causes of importance:
Abscess of left jaw (infected tooth)
Cellulitis of face.

Name of operation Incision + drainage Date of 11-12-34

What test confirmed diagnosis? Was there an autopsy? yes

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) R. W. White, M. D.

(Address) St. Mary's Infirmary