

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

Do not use this space.

JAN 14 1935

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1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. City Hospital #) St. Ward)

File No.
Registered No. 12299
St. Ward)

2. FULL NAME Henry Kiske

(a) Residence, No. 2351 Menard St. 23 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Katherine Kiske</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 10th. 1852.</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>11</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired (15yrs).</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Rolling Mill 201</u>		
10. Date deceased last worked at this occupation (month and year) <u>1919.</u>		11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Katherine Simpson
(ADDRESS) 2351 Menard St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive Cem. DATE Dec. 31st. 1934

19. UNDERTAKER Wacker - Helderle
(ADDRESS) 2331 S. Broadway

20. FILED 26 1934
Joe. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26th. 1934

22. I HEREBY CERTIFY, That I attended deceased from No Physician attendance

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at 12 P. M.

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

Fracture of Skull, Laceration of Head, Laceration of Brain received when struck by steel car in St. Louis, Mo.

Other contributory causes of importance:
Deceased was a pedestrian. No auto involved.

Name of operation..... Accident Date of.....

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? Accident Date of injury 12/26, 1934.

Where did injury occur? St. Louis, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place

Manner of injury Struck by steel car

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) Joe. J. Bredeck

(Address) City, Missouri

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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