

APR 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791****1003**

Township

Primary Registration District No.

City *St. Louis*(No. *4235 E Athlone Ave*)

File No.

10794

Registered No.

2416

St. Ward)

2. FULL NAME

(a) Residence, No. *4235 E Athlone Ave* St. *10* Ward.

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED OR DIVORCED

HUSBAND OF
(OR) WIFE OF*Lourence May Kung*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 15 - 1880

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.*54**3**6*

OCCUPATION -

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

Milliner

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)

St. Louis Mo.

13. NAME

Unknown

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

Switzerland

15. MAIDEN NAME

Unknown

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

St. Louis

17. INFORMANT (ADDRESS)

*Robert F. Kung
4235 E Athlone Ave*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *New St. Marcus* DATE *March 14 1935*

19. UNDERTAKER (ADDRESS)

*Cullinane Bros
1710 N Grand*

20. FILED

*APR 13 1935**Joe J. Bredeck*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-11-35* 19

22. I HEREBY CERTIFY, That I attended deceased from

3-5-35, 19, to *3-11-35*, 19I last saw him alive on *3-11-35* 19 Death is saidto have occurred on the date stated above, at *10 P* m.

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

Pneumonia Tabar

Date of onset

Other contributory causes of importance:

Pulmonary Tuberculosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide?

Date of injury

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) *G. W. TONTZ*

M. D.

(Address) *4906 Adeline Pl St. Louis 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.

