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.

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

Do not use this space.

1. PLACE OF DEATH JUN 12 1935

County St Louis — Registration District No. 791

Township — Primary Registration District No. 1003

City St Louis (No. 4 3511 City Hosp #1 St. ... Ward)

File No. 21122

Registered No. 5037

2. FULL NAME Edna Kissir

(a) Residence, No. 3309 N 11th St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 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: single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 30 1928

7. AGE: Years 7 | Months 4 | Days 27 | If LESS than 1 day, ....hrs. or ....min.

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.: school

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

FATHER

13. NAME: Allen Kissir

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Houston Missouri

MOTHER

15. MAIDEN NAME: Amy Bates

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Licking Missouri

17. INFORMANT (ADDRESS): Hosp Sig M Kent City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Houston, Mo. DATE: June 10, 1935

19. UNDERTAKER (ADDRESS): Suedmeyer & Sons 3934 N. 20 St.

20. FILED JUN -9 1935 19 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/4, 1935, to 6/7, 19..

I last saw her alive on 6/7 19 35. Death is said to have occurred on the date stated above, at 1 pm.

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

| | Date of onset |
|---|---|
| Lobar Pneumonia | 5/1/35 |

Other contributory causes of importance: 108

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

What test confirmed diagnosis? ..... 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 .....

(Signed) W. F. Gualtrough, M. D.

(Address) City Hosp #1