

JAN 13 1938

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**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **214151**) City **Henry Olms** Ward **10**

File No. **41343**
Registered No. **10562**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **4247 Grand** Ward **10**
(Usual place of abode)

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**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 28 1889**
7. AGE YEARS **52** MONTHS **8** DAYS **15** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Grantord Contractor**
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) **Germany**

13. NAME **Christ Olms**

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

15. MAIDEN NAME **Martha Kunkel**

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

17. INFORMANT (ADDRESS) **Joseph J. Kunkel**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Johns** DATE **Dec 16, 1935**

19. UNDERTAKER (ADDRESS) **Math. Hermann & Son**

20. FILED **1935**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/13**, 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **12/10**, 19**35**, to **12/13**, 19**35**.
I last saw him alive on **12/13**, 19**35**. Death is said to have occurred on the date stated above, at **8:15** p.m.

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

**lung abscess
not 913 non-traumatic
cause unknown**

Other contributory causes of importance: **1146**

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 _____, 19**35**
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) **J. Bredeck**, M. D.
(Address) **City**

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.

