

MAY 7

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

Do not use this space.

17462

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **Grand and Market**)

File No.....  
Registered No. **4242**  
St..... Ward)

2. FULL NAME **Edward M. Kinney**

(a) Residence, No. **4546a Page** St. **17** Ward.

Length of residence in city or town where death occurred **15** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 17, 1882**

7. AGE YEARS MONTHS DAYS IF LESS than 1 yr. ....hrs. or .....min.  
**53 10 0**

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Automobile**

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) **Michigan**

13. NAME **August Kinney**

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

15. MAIDEN NAME **Clara May**

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

17. INFORMANT (ADDRESS) **Mrs. Anna Kinney 4546a Page**

18. BURIAL, CREMATION, OR REMOVAL **Waldwood Park** DATE **April 20, 1936**

19. UNDERTAKER'S (ADDRESS) **A. W. McLaughlin 2501 Lafayette Ave**

20. FILED **APR 18 1936 J. T. Bredeck Registrar.**

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 17, 1936**

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

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

to have occurred on the date stated above, at **2:20 P.M.**

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

**Coronary Occlusion**  
**Atherosclerosis**  
**Large Cystic**  
**Primary Renal Arteriosclerosis**  
Other contributory causes of importance:

Date of onset

Name of operation..... 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?..... 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) **Harold P. Dyer, M.D.**  
(Address) **Dyer**

WHITE 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.

