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.

AUG 18 1936

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

Do not use this space.

791

28423

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 7185

City St. Louis, Mo. (No. Mo. Baptist Hospital St. ..... Ward)

2. FULL NAME Edward Walter Kann

(a) Residence, No. 1103 N. Taylor Avenue St., 12 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 20th, 1897

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
38	10	10	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Spiritual)

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) Okawville, Illinois

FATHER

13. NAME Henry Kann

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

MOTHER

15. MAIDEN NAME Mary Kann

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

17. INFORMANT LULU ARDINGER
(ADDRESS) 1103 N. Taylor Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Okawville, Ill. DATE July 14th, 1936

19. UNDERTAKER ALBERT H. HOPPE
(ADDRESS) 429 N. Euclid Avenue

20. FILED JUL 14 1936 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12th, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10 — 1936 to July 12 — 1936
I last saw him alive on July 12, 1936 Death is said to have occurred on the date stated above, at 6:40 A.M.
The principal cause of death and related causes of importance were as follows:

Acute Appendicitis
Ruptured Appendix
Periotinitis

Date of onset

Other contributory causes of importance:

Name of operation Laparotomy Date of July 10 1936
What test confirmed diagnosis? Autopsy 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? no
If so, specify .....
(Signed) A. G. Hobbs, M. D.
(Address) 4064 Olive St

4069 [illegible] Street