

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

Do not use this space.

448 23 1937

1. PLACE OF DEATH

County St. Louis

Registration District No. 790

File No. 3021

Township Clayton, Mo.

Primary Registration District No. 6038a

Registered No. 25

City St. Louis Co. Hospital

St. _____ Ward)

2. FULL NAME

Charles Kenow (Charles F. Kenow Sr.)

(a) Residence, No. St. Francis + St. Pierre Ward Florissant, Mo.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Kenow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1852

7. AGE YEARS 84 MONTHS 3 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lechens Rope Co.
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 Carl Kenow

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

15. MAIDEN NAME Don't Know

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

17. INFORMANT Mrs. Emma Kenow (ADDRESS) Florissant, Mo.

18. BURIAL, CREMATION, OR REMOVAL ST. FERDINAND CEMETERY Jan. 25/37.

19. UNDERTAKER Jos. W. Clark (ADDRESS) 1125 Hodiamont Ave.

20. FILED 1/23 1937 Dr. J. J. Signorilli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 / 21 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 1 / 18 1937 to 1 / 21 1937

I last saw him alive on 1 / 21 1937 Death is said to have occurred on the date stated above, at 3:35 P.M.
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset 1/2/37

Other contributory causes of importance:
Pulmonary edema
Cardiac asthma

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 _____, 1937

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 Lewis C. Frankfort, M. D.
(Signed) St. Charles County Hosp.
(Address)

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.

