

MAY 7 1937

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

Do not use this space.

14119

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City of St. Louis (No. City Hospital #1)

City Hospital #1

File No.....

Registered No. **3615**

St. Ward)

2. FULL NAME Joseph Charles Kiemel

(a) Residence, No. 2000 So. 12th Street, 23 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Lena Kiemel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
60 9 2

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Mo.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Joseph Kiemel

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Lena Kiemel (ADDRESS) 2000 So. 12th Street

18. BURIAL OR REMOVAL PLACE St. Pauls Churchyard DATE

19. UNDERTAKER A. H. McLaughlin (ADDRESS) 2501 Lafayette Ave

20. APR 3 1937 REGISTRAR J. Bedeck

No MEDICAL CERTIFICATE OF DEATH *in Attendance*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/2/1937

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 3:05 P.M.

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

Cardiac Hypertrophy
Carcinoma of Colon
Other contributory causes of importance: H/C
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? No

If so, specify.....

(Signed) Joseph M. Duman M.D.

(Address) Deputy Coroner

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.

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