JUL 8 - 1937

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

Do not use this space.

22038

File No. 5790

Registered No.

1. PLACE OF DEATH

County

Township

City ST. LOUIS (No. CITY HOSPITAL St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME JOHN KISTNER

(a) Residence, No. 2525 HEBERT St., 20 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HUSBAND OF HILDA KISTNER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 13, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	42	0	28	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) MAY 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MISSOURI

FATHER

13. NAME JOHN KISTNER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN OHIO

MOTHER

15. MAIDEN NAME ANNA NAGEL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MISSOURI

17. INFORMANT (ADDRESS) MRS. HILDA KISTNER 2525 Hebert St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE June 15, 1937

19. UNDERTAKER (ADDRESS) Kuehnemann & Sons 3934 Gravois Av.

20. FILED JUN 12 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1937, to June 11, 1937.

I last saw h... alive on June 10, 1937. Death is said to have occurred on the date stated above, at 6 A.m.

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

	Date of onset
Gangrene	
Pulmonary	May
Results of La Grippe	20
	1937

Other contributory causes of importance:

Cyanosis	
	June
	1937

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

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 NATURAL

(Signed) Herman L. Wilson, M. D.

(Address) 2728 N. 11. St.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD