

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

Do not use this space.

**JUL 8 - 1937**

1. PLACE OF DEATH **HOMER G PHILLIPS HOSPITAL** 791  
 County..... Registration District No.....  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **2601**, N Whittier) St. .... Ward)

22286  
 File No.....  
 Registered No. **6038**

2. FULL NAME **WILLIAM KINZER**  
 (a) Residence, No. **3723a Finney** St., **11** Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred **20** 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 **Col.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **?**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 1, 1876**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
**60 9 17**

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **nil**  
 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)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... **Tennessee**  
 (STATE OR COUNTRY)

FATHER  
 13. NAME **Thomas Kinzer**

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

MOTHER  
 15. MAIDEN NAME **Susan Unknown**

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

17. INFORMANT **Evelyn Hilliard**  
 (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **6-22** 19**37**

19. UNDERTAKER **Boyle Bros Funeral Home**  
 (ADDRESS) **3706 Finney**

20. FILED **JUN 22 1937** **J. Bredeck**  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 18** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **May 12** 19**37**, to **June 18** 19**37**

I last saw him alive on **June 18** 19**37** Death is said to have occurred on the date stated above, at **10:25<sup>p</sup>**

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

**Carcinoma of Tongue** Date of onset **5/12/37**

Other contributory causes of importance: **H513**

Name of operation..... Date of.....  
 What test confirmed diagnosis? **clinical** 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....., 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) **A. L. Lewis**, M. D.  
 (Address) **2601 N. Whittier**

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.

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