

JAN 10 1938

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

43369
Do not use this space

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **2165 Salisbury St.** St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Bernard Kiep**
2165 Salisbury St.

(a) Residence, No. _____ St. **20** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Catherine Kiep**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 4, 1868**
7. AGE YEARS **69** MONTHS **10** DAYS **13** If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Fireman**
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation **28**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany** **10**

FATHER 13. NAME **Dont Know**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany** **10**

MOTHER 15. MAIDEN NAME **Dont Know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany** **10**

17. INFORMANT (ADDRESS) **Mr. George Alexander**
2165 Salisbury St.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Dec. 20, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Cullinane Brothers**
1710 N. Grand Blvd.

20. FILED **DEC 18 1937** **J. J. Brebeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 17 1937**

22. I HEREBY CERTIFY, That I attended deceased from **July 5th**, 19**37**, to **Dec. 17**, 19**37**
I last saw him alive on **Dec. 15**, 19**37**. Death is said to have occurred on the date stated above, at **4:30 p. m.**
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset **1935?**
Chronic nephritis **1933?**
131
Other contributory causes of importance: **Edema** **7/5/37**
Cholelithiasis, unknown as to stones **8/1/37**

Name of operation **none** Date of _____
What test confirmed diagnosis **laboratory** 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? **no**
If so, specify _____
(Signed) **W. J. Johnson** M. D.
(Address) **2435 N. Grand Ave.**

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.

233

STATEMENT BY LICENSED EMBALMER

I, Fred Trick, Licensed Embalmer No. 3186

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Fred Trick
Licensed Embalmer No. 3186

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)