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.

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

FEB 12 1938

1156
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 1012

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis (d) Street No. 5243 Lansdowne Ave. 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 John A. Kisling 245
(a) Residence, No. 5243 Lansdowne Ave. St. 14
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Rose Kisling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1871

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
66	2	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as saw mill, bank, etc. Anheuser-Busch
10. Date deceased last worked at this occupation (month and year) about 2 yrs. ago
11. Total time (years) spent in this occupation

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

FATHER
13. NAME John Kisling
14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Gruenwold
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Rose Kisling
(ADDRESS) 5243 Lansdowne Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Peter&Paul DATE 1-29 19 38

19. FUNERAL DIRECTOR Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED JAN 27 1938 19 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26 19 38

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1937, 19 to Jan. 26, 1938
I last saw him alive on Jan. 26, 1938 Death is said to have occurred on the date stated above, at 2:20 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:
Senile Arteriosclerosis

Name of operation None 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? No.
If so, specify
(Signed) George S. Copp, M. D.
(Address) 3235 So. Grand

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No. .....

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

..... L. E. .....

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Edwin D McDermott

Licensed Embalmer No. 3024

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