

NOV 16 1938

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

34128
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. **791**

(b) Township 1 Primary Registration District No. **1003** Registered No. **9114**

(c) City **St. Louis, Mo.** (d) Street No. **2937 St. Vincent 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 **Frederick W. Kay**

(a) Residence, No. **2937 St. Vincent Ave.** St. **17** (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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 28, 1866**

7. AGE YEARS **72** MONTHS **4** DAYS **19** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Baker**

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) **July 2, 1938** 11. Total time (years) spent in this occupation **58**

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Helle-Westphalen Germany** 1

13. NAME **Heinrich T. Kay**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany** 6

MOTHER 15. MAIDEN NAME **Louise F. Overbeck**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany** 6

17. INFORMANT (ADDRESS) **Mrs. Elizabeth Kay 2937 St. Vincent Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lakewood Park Cem.** DATE **October 20, 1938**

19. FUNERAL DIRECTOR **Beiderwieden F. Home, Inc.** (ADDRESS) **1936 St. Louis Avenue**

20. FILED **OCT 20 1938** **J. B. Beck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 17, 1938**

22. I HEREBY CERTIFY That I attended deceased from **July 2, 1938** to **Oct 17th, 1938**

I last saw him alive on **Oct 17th, 1938** Death is said to have occurred on the date stated above, at **4:20 pm**

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

Cancer of bladder primary about 18 months ago Date of onset **5/10**

Other contributory causes of importance: **Chronic cystitis & accompanying Haematuria for about 6 months**

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 _____ (Signed) **Chas. K. Bonjean, M.D.** (Address) **5043 Vermont 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.

Dr. T. W. Conzelmann
5043 Vermont Ave
Forest, D134

until 9 30
1 - 2
7 - 8

STATEMENT BY LICENSED EMBALMER

I, Subsag, Licensed Embalmer No. 3737

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 Subsag
Licensed Embalmer No. 3737

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.)