

MAR 13 1939

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

5135  
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 MO.** (d) Street No. **940 LASALLE 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

**NELLIE KINNEY**  
(a) Residence, No. **940 LASALLE ST.** St. **22** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 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 **ALBERT KINNEY**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **7-12-1885**  
7. AGE YEARS **53** MONTHS **7** DAYS **13** If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. **HOUSEKEEPER**  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MISSOURI**  
13. NAME **JOSEPH SIEDBOTTOM**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MO.**  
15. MAIDEN NAME **MARY HARRISON**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MO.**  
17. INFORMANT (ADDRESS) **ALBERT KINNEY 940 LASALLE ST.**  
18. BURIAL, CREMATION, OR REMOVAL PLACE **ELDON MO.** DATE **FEB 26 1939**  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) **E. J. Schmur 3125 Lafayette Ave.**  
20. FILED **FEB 26 1939** **J. P. Rudolph** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/25 1939**  
22. I HEREBY CERTIFY, That I attended deceased from **Nov 15 1938 to Feb 25 1939**  
I last saw him alive on **Feb 25 1939** Death is said to have occurred on the date stated above, at **2:50 p.m.**  
The principal cause of death and related causes of importance were as follows:

*Cholera, myocarditis  
Cholera, intestinal, septicaemia*

Date of onset  
**11/15/38**

Other contributory causes of importance:

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? .....  
If so, specify .....  
(Signed) **J. P. Rudolph**, M. D.  
(Address) **2000 R. 9th**

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Jon B. Hollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette ave*

**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.)**

**If this body is not embalmed, above space should be left blank.**