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.

AUG 11 1939

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

23619
Do not use this space.

1. PLACE OF DEATH

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

(b) Township ..... Primary Registration District No. 1003 Registered No. 5892

(c) City or St. Louis, Missouri (d) Street No. City Sanitarium St.

(e) Length of residence in city or town where death occurred 16 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME John Kieselt

(a) Residence, No. 1809 S. 11th St. St. St. 23 (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: Christina Kieselt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-9-1876

7. AGE: YEARS 63 | MONTHS 1 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Blacksmith
9. Industry or business in which work was done, as saw mill, bank, etc.: Blacksmith
10. Date deceased last worked at this occupation (month and year): 8-1938
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Taos, Missouri 0
~~Missouri~~

FATHER
13. NAME: John Kieselt 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany 6

MOTHER
15. MAIDEN NAME: Marie Hendrick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germary

17. INFORMANT (ADDRESS): W. Wilder, M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset DATE July 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wacker-Helderle 2331 S. Broadway

20. FILED JUL 3 1939 19 J. F. Bredech Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-3-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 16-29-39, 19, to 7-3-39, 19
I last saw him alive on 7-3-39, 19 Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia Rt. Base 6-29-39 x

Date of onset

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Other contributory causes of importance:
Orteriosclerosis 6-29-39x
Paresis 6-29-39 x
General paresis of the insane.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes.

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) W. Wilder (W. WILDER, M. D.)
(Address) City Sanitarium

(Licensed Embalmer's Statement on Reverse Side)

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 Robert Cwheeler, Registered Apprentice No. ..... working under my personal supervision.

Signed Robert Cwheeler

Licensed Embalmer No. 2128

P. O. Address [illegible]

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

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