DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20388

Registration District No. 791 — Primary Registration District No. — Registrar's No. 5336

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mississippi river Foot of Chippewa
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County:
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 3726 Texas (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Melvin Charles Kissling
3. (b) If veteran, name war:
3. (c) Social Security No.: 489-05-5672
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Edna Kissling
6. (c) Age of husband or wife if alive: 39 years
7. Birth date of deceased: October (Month) 17 (Day) 1906 (Year)
8. AGE: Years 33 Months 8 Days 1 If less than one day hr. min.
9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Beer Bottler
11. Industry or business: Brewery
FATHER
12. Name: Conrad Kissling
13. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Marve Midcap
15. Birthplace: Moberly (City, town, or county) Mo. (State or foreign country)
16. (a) Informant's own signature: Edna Kissling
(b) Address: 3726 Texas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 22 '40 (Month) (Day) (Year)
(c) Place: burial or cremation: Nat. Cem. Jeff. Barracks
18. (a) Signature of funeral director: Schumacher Bros
(b) Address: 3013 Meramec
19. (a) JUN 21 1940 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 18 year 1940 hour 11 45 minute A M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death: Asphyxiation Duration
Drowning suffered when deceased was drowned while swimming off the oars in Mississippi River opposite the foot of Chippewa St. on June 18-1940 about 11 45 A.M. Body recovered about 8 P.M.
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operation: Thomas Shannon June 20-1940 about 8 50 A.M.
Of autopsy: Accident
PHYSICIAN: Underline the cause to which death should be charged statistically
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: 6/18/40
(c) Where did injury occur? St. Louis Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury
23. Signature: Alfred Stern (M. D. or other)
Address: Chippewa & Broadway Date signed 6/20/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

No 1 Embalmer

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: [signature]

Licensed Embalmer No. 2906

P. O. Address 3013 Miami

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.