

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33787

State File No.

8484

NOV 16 1940 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3646 Russell Blvd. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 7 Years  
years, months or days)

3. (a) PRINT FULL NAME Walter J. Kissel

8. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Blanche 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased June 12 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 3 29 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Dry Goods Merchant

11. Industry or business Self

12. Name Edmond Kissel

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Langenecker

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Kissel

(b) Address 5610 Janet Ave.

17. (a) Cremation (b) Date thereof 10 14 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director William H. Kelly

(b) Address 7267 Natural Bridge

19. OCT 14 1940 (b) J. Bredebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 3646 Russell Blvd.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11  
year 1940 hour 6 minute 55 P.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to hanging by bath-rope

cord to top of bed st.

Due 316 1/2 Russell Blvd.  
OCT 11 1940

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy \_\_\_\_\_

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) Suicide

(b) Date of occurrence OCT 11 1940

(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?

While at work? No (Specify type of place) (a) Means of injury Hanging

23. Signature Dr. J. Bredebeck (M. D. or other)

Address Supply Room Date signed 10/14/40

**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

*Clement McManis*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

**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.**