G. No. 2
—1-4-41
5-17-39
PI X26390

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

FILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15757

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 849

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community 4 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Wellston (If outside city or town limits, write "RURAL")

(d) Street No. 6216 Derby Ave. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Kinsler

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Angie LePage Kinsler

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Mar. (Month) 10 (Day) 1865 (Year)

8. AGE: Years 76 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Oshkosh (City, town, or county) Wis. (State or foreign country)

10. Usual occupation nil.

11. Industry or business

FATHER
12. Name John Kinsler
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Alice Cowling
15. Birthplace Unknown (City, town, or county) England (State or foreign country)

16. (a) Informant Mrs. Wm. J. Kinsler

(b) Address 6216 Derby Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-22-41 (Month) (Day) (Year)

(c) Place: burial or cremation Val Halla Cem.

18. (a) Signature of funeral director Geo. L. Pleitsch

(b) Address 5966 Easton Ave.

19. (a) APR 21 1941 (Date received local registrar) (b) T. R. Mayer M.D. DPH (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 18 year 1941 hour 6 minute :35 P.M.

21. I hereby certify that I attended the deceased from 4-14-41, 19__, to 4-18-41, 19__; that I last saw him alive on 4-18-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac & respiratory failure due to spinal anaesthesia	1½ hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Ruptured appendix e peritonitis	7 days

Major findings:
Of operations
Of autopsy Ruptured appendix e generalized peritonitis

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. Kinman (M. D. or other)

Address Co. Hosp. Date signed

(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 David C. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address .....

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, fact should be so stated above.