

No. 2  
4-13-40  
5-17-39  
PI X23159

FEB 10 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **18998**  
Registrar's No. **1136**

Registration District No. **784**

Primary Registration District No. **200**

1. PLACE OF DEATH: **St. Louis**  
(a) County **St. Louis**  
(b) City or town **Lemay**  
(c) Name of hospital or institution: **228 Military Road**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Edward L. Kisling**  
(b) If veteran, name war **No**  
(c) Social Security No. **None**

4. Sex **Male ( )** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
(b) Name of husband or wife **Genevieve Kisling**  
(c) Age of husband or wife if alive **54** years  
7. Birth date of deceased **August 6 1868**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **9** Days **21**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Structural Iron Worker**

MOTHER FATHER { 12. Name **Unknown**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Genevieve Kisling**  
(b) Address **228 Military Road**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 30 1941**  
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter and Paul Cemetery**  
**Peeetz Brothers**

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address **3029 Lafayette Ave**

19. (a) **MAY 29 1941** (Date received local registrar)  
(b) **[Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Lemay**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **228 Military Road**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **27th** day **May**  
year **1941** hour **6:20** minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from **March 1**  
**1941**, to **5/27**, **1941**  
that I last saw him alive on **5-27**, **1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **93d**  
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) \_\_\_\_\_  
(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? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
23. Signature **Charles Eilers** (M. D. or other) **C.M.D.**  
Address **7602 S. B. Hwy** Date signed **5/29/41**

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

7000

*D. E. Allen*  
*7602 D. Broadway*  
*R-4111*  
*5 5 8*  
*10 26 12*

**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 *Frank J. Owens*.....

Licensed Embalmer No. *2245*.....

P. O. Address *St. Louis Mo*.....

**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.

5001 60 YARD