No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29905

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7244

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: City Hosp #

(If not in hospital or institution, write street number or location)

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

In this community Life. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 26 17 (If outside city or town limits, write "RURAL")

(d) Street No. 1409 Salisbury. 9 (If rural, give location)

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

If yes, name country

Attending Physician

3. (a) PRINT FULL NAME John Kinchler

3. (b) If veteran, name war No.

3. (c) Social Security No.

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife Anna Opperman.

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Oct. (Month) 25 (Day) 1890 (Year)

8. AGE: Years 50 Months 10 Days 12 If less than one day hr. min.

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

10. Usual occupation Barber.

11. Industry or business "

FATHER
12. Name UNKNOWN
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name KATE UNKNOWN
15. Birthplace " (City, town, or county) " (State or foreign country)

16. (a) Informant Mrs Anna Kinchler

(b) Address 1409 SALISBURY.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept. (Month) 9 (Day) 1941 (Year)

(c) Place: burial or cremation NEW BETHLEHEM.

18. (a) Signature of funeral director Biederwieden Funeral Home

(b) Address 1936 St. Louis Ave.

19. (a) SEP 8 1941 (Date received local registrar) (b) J. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 7 year 1941 hour 2:00 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 Depressed Fracture of the Skull Oedema of the Brain. Inflicted When he was Struck and Knocked to the Ground with a bucket in the Hands of one Henry Schuhmann in front of 3510 No 9th St. About 2:15 am Sept 7-1941.

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 168

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) Homicide

(b) Date of occurrence Sept 7-1941.

(c) Where did injury occur? St Louis (City or town) Mo (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 Herrs (M. D. or other) 3

Address Application Date signed 9/8/41

(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 Dale Harness, Registered Apprentice No. 293 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

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

If this body is not embalmed, fact should be so stated above.