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ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11404

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 3329

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: 2018 Withnell St. 1
(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)

2. USUAL RESIDENCE OF DECEASED: 666

(a) State Mo. (b) County 17

(c) City or town St. Louis 1 24
(If outside city or town limits, write "RURAL")

(d) Street No. 2018 Withnell St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Kainz

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

3. (c) Social Security No. 488-18-8960

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Katherine Kainz

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Mar. 16 1871
(Month) (Day) (Year)

8. AGE: Years 74 | Months 0 | Days 26 | If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Retired Beer Brewer

11. Industry or business Anheuser-Busch

FATHER
12. Name Unknown Kainz
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Katherine Kainz
(b) Address 2018 Withnell Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cem.

18. (a) Signature of funeral director Witt Bro. L & N. Co.
(b) Address 2929 S. Jefferson Av.

19. (a) APR 16 1945 (Date received local registrar) J. F. Bresch (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 12
year 1945 hour 4 minute 20 p. M.

21. I hereby certify that I attended the deceased from Dec, 1944, to 4-12, 1945
that I last saw him alive on 4-12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Bronchitis

Due to 92

Due to

Other conditions [illegible]
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 2 yr

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? Means of injury

23. Signature H. S. Pyre (M. D. or other) MD
Address 4-13-45 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

Rowland, Registered Apprentice No.

working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 217

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.