S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11109

FILED MAR 24 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2646

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:
1909 Arsenal St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 2417
(If outside city or town limits, write "RURAL")

(d) Street No. 1909 Arsenal St 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry Kissel

3. (b) If veteran, name war ******

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Adele Kissel

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

7. Birth date of deceased June 3 1883 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	9	8	hr. min.

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

10. Usual occupation Printer

11. Industry or business

FATHER
12. Name Henry Kissel
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Catherine Klamp
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Adele L. Kissel
(b) Address 1909 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Siegenhein Bros
(b) Address 6409 Gravois Ave

19. (a) MAR 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day March year 1947 hour 10:10 minute P. M.

21. I hereby certify that I attended the deceased from September 23, 1946, to March 11, 1947, that I last saw him alive on March 11, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Primary Haemorrhage	1 day
Due to Carcinoma of Larnyx	2-3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma larnyx
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) 0

While at work? (e) Means of injury

23. Signature Chas Simpson (M. D. or other) M.D.
Address 3739 Gravois Date signed 3/12/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Simpson

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 Homer W. Fritz

Licensed Embalmer No. 3882

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.