

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

33536

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9366

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9366	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. BAPTIST HOSPITAL				e. STREET ADDRESS (If rural, give location) Labadie 4108a Ashland Ave. 2109			
3. NAME OF DECEASED (Type or Print)		a. (First) CHARLES		b. (Middle) H.		c. (Last) KIENZLE	
4. DATE OF DEATH		(Month) (Day) (Year)		Sept. 27, 1953			
5. SEX M <input checked="" type="radio"/> F <input type="radio"/>	6. COLOR OR RACE W <input checked="" type="radio"/> O <input type="radio"/>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 28, 1868		9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) grocer, proprietor		10b. KIND OF BUSINESS OR INDUSTRY self-employed		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Anna BabbKienzle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or years of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CliffordKienzle, 7529 Marillac, 21			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Fracture of humerus, traumatic, bilateral</i>		18. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Contributory</i> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, etc. It means the cause of injury, or complication which caused death. MORAL CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Diabetes mellitus</i> DUE TO (c) <i>Arteriosclerosis, generalized</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>unknown</i> <i>unknown</i>	
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>9 26 53 6 PM.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Fell down in home</i> E9040			
22. I hereby certify that I attended the deceased from <i>Sept. 26, 1953</i> , to <i>Sept. 27, 1953</i> ; that I last saw the deceased alive on <i>Sept. 27, 1953</i> , and that death occurred at <i>5:30 P.M.</i> , from the causes and on the date stated above. <i>CCO</i>							
23a. SIGNATURE (Degree or title) <i>Jesse Younger, M.D.</i>				23b. ADDRESS <i>634 N. Grand</i>		23c. DATE SIGNED <i>9-28-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		24b. DATE <i>9/30/53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>SEP 29 1953</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Alexander & Sons, 6175 Delmar Bl.</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John E. McCulloch*

Licensed Embalmer No. 29

P. O. Address 61752

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

33536-53

State of Mo.
County of St. Louis

VITAL STATISTICS
THE DIVISION OF HEALTH OF MISSOURI
Department of Public Health and Welfare

State File No. 9366
33536
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 1st day of June, 19 63, before me appears William C. Alexander - Vice Past Alexander 2 Sons D.C. who, upon his oath, states that the original record of ~~birth~~ death for Charles H. Kienzel ~~XXXX~~ died 9/27/53, 19 , in the State of Missouri, and which was filed at Jefferson City, Missouri on 9/28/53, 19 , should be corrected as follows:

Item No. 2 D should read 4108a. Labadie Ave
Instead of 4108a. Ashland Ave

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

APPOINTED AND COMMISSIONED FOR COUNTY OF ST. LOUIS
WHICH ADJOINS CITY OF ST. LOUIS, MO.

Affiant William C. Alexander, Former Director
for Alexander 2 Sons, Inc. Relationship.
6175 Delmar Blvd. St. Louis 12, Mo.
Present Address.

Subscribed and sworn to before me this 1st day of June, 19 63.
My Commission Expires October 20, 1963
James B. Alexander Notary Public.

