

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

OCT 11 1934

34334

1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. City Hospital)  
9280 Emma apt. 23

File No.....  
Registered No. 9127  
St. Ward

2. FULL NAME

(a) Residence, No. 1417 St. Ward 23  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 19 1875</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>10</u>
	DAYS <u>24</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hook 13</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>132</u>	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation <u>132</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
FATHER	13. NAME <u>Raniel Kink</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Aphie Puffer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT (ADDRESS) <u>Hampden St. St. Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Restlawn</u> DATE <u>Sept 17 1934</u>		
19. UNDERTAKER (ADDRESS) <u>A. H. McLaughlin 2301 Lafayette</u>		
20. FILED <u>4</u> 19 <u>34</u> <u>J. B. Bredeck</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1934  
22. I HEREBY CERTIFY, That I attended deceased from 11/2 1934 to 9/13 1934  
I last saw him alive on 9/13 1934. Death is said to have occurred on the date stated above, at 11:15 a.m.  
The principal cause of death and related causes of importance were as follows:

132  
Chromia from  
Pyonephrosis Chronic  
Other contributory causes of importance:  
132  
Chronic Cystitis non B.  
non gonorrhoeic  
non bacterial

Name of operation ? Date of ?  
What test confirmed diagnosis? ? Was there an autopsy? Yes  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ? Date of injury ?  
Where did injury occur? ? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury ?  
Nature of injury ?  
24. Was disease or injury in any way related to occupation of deceased?  
If so, specify A. B. Surgeon, M. D.  
(Signed) A. B. Surgeon  
(Address) City Hosp.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

