

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.

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

Do not use this space.

JAN 13 1936

41218

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City St. Louis (No. Christian Hospital)

File No.
Registered No. **10430**
Ward

2. FULL NAME William Kehleward

(a) Residence, No. 4210 W. Farland, 10 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sophia Kehleward</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 13, 1867</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>4</u>
	DAYS <u>25</u>	IF LESS than a day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8th, 1935
22. I HEREBY CERTIFY, That I attended deceased from 11-8, 1935, to 12-7, 1935
I last saw him alive on 12-8, 1935. Death is said

to have occurred on the date stated above, at 6:20 A.M.
The principal cause of death and related causes of importance were as follows:

Hypertrophied prostate Date of onset 1732
Nephronephritis 1734
Renal Calculus

Other contributory causes of importance: 137

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	13. NAME <u>Wm Kehleward</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Wilhelmina Tachel</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT (ADDRESS) <u>Sophia Kehleward</u> <u>4210 W. Farland</u>
18. BURIAL, CREMATION, OR REMOVAL	
PLACE <u>Zions</u>	DATE <u>12/11th</u> , 19 <u>35</u>
19. UNDERTAKER (ADDRESS) <u>Graves Mkt. Co</u> <u>3710 N. Grand Blvd</u>	
20. FILED <u>DEC 10 1935</u>	19 <u>35</u> <u>J. Bredek</u> Registrar.

Name of operation Prostatectomy Date of 11-30-35
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Manner of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) J.P. Attitude, M. D.
(Address) 117 University Club

Lin. aethiops
Administration of Alaska
Sept 4 1970 11-1 P