

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH 494

28381

1 PLACE OF DEATH

County Hamilton Registration District No. 8227 File No. 2842  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
or Village \_\_\_\_\_ No. In Smith Hosp. 1807 Young St. Ward \_\_\_\_\_  
or City of Cincinnati, Ohio (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME

William Francis Kieinger Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_

(a) Residence No.

(Usual place of abode) Ward Ave. Belleme Ky (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 Male 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Edell Kieinger

6 DATE OF BIRTH (month, day, and year) Aug 15 - 1871

7 AGE Years 57 Months 8 Days 6 If LESS than 1 day... hrs. or... min.

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Clothing Designer  
(b) General nature of industry, business, or establishment in which employed (or employer) Bishop Street Store  
(c) Name of employer Cin. C.

9 BIRTHPLACE (city or town) Ky. (State or country)

10 NAME OF FATHER Wm. Kieinger

11 BIRTHPLACE OF FATHER (city or town) Maryland (State or country)

12 MAIDEN NAME OF MOTHER Frances Jewway

13 BIRTHPLACE OF MOTHER (city or town) Ky. (State or country)

14 Informant J. C. Dobbins (Address) 2000 W. 1st St. Cincinnati, Ohio

15 APR 22 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) April 21 1929

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1929, to April 21, 1929, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 5 P M.

The CAUSE OF DEATH\* was as follows:

Cardiac insufficiency

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Paralytic Agitation (duration) 14 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? NO Date of \_\_\_\_\_

Was there an autopsy? NO

What test confirmed diagnosis? C.P. Pymind Exam.

(Signed) Chas. D. Smith, M.D.

April 22 1929 (Address) 2000 W. 1st St. Cincinnati, Ohio

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE of Burial, Cremation, or Removal Cremation DATE OF BURIAL April 24 1929

20 UNDERTAKER Wm. Dobbins & Dobbins ADDRESS Belleme, Ky.

20a WAS THE BODY EMBALMED? Yes EMBALMER'S LICENSE NO. 3765

PARENTS