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

Do not use this space.

40253

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1003

City St. Louis Mo (No. 5016 Maple Av. St. ..... Ward)

File No. .....

Registered No. 12291

2. FULL NAME Caroline Kuehner

(a) Residence. No. 5016 Maple Av. 5 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: female
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: Albert Kuehner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): November 1-1862

7. AGE: Years 64 | Months 1 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): "
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Mathias Schumaker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Barbara Poff
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mr. Albert Kuehner
(Address) 5016 Maple Av.

15. FILED: DEC 28 1926 19 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-25-1926

17. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1926, to Dec 25, 1926 that I last saw her alive on Dec 25, 1926, and that death occurred, on the date stated above, at 5.35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Terminal Broncho Pneumonia
4 to F
107A 14 B (duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (SECONDARY)
Hepatic Cancer (duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Performed in California

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Observation

(Signed) Laurence A. Mendonsa, M.D.

, 19 (Address) 633 Ho Bldg. St Louis Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery
DATE OF BURIAL: Dec 28 1926

20. UNDERTAKER: E. J. Schnur
ADDRESS: 3125 Lafayette Av.

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.