

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

Do not use this space.

3316

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 3625, Nebraska Ave St. Ward)
 Registered No. **943**

2. FULL NAME

Bernhard Kaufmann
 (a) Residence, No. 3625 Nebraska Ave 240 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 Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucinda Kaufmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 4 - 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 4 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired
 (c) Name of employer Baker

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daraburg Germany

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Emily H. Stark
 (Address) 3635 Nebraska Ave

15. FILED 26 1928 Max B. Starckoff
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 15 1927 to Jan 24 1928 (that I last saw him alive on Jan 24 1928 and that death occurred, on the date stated above, at 2:30 A.M.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Chronic Myocarditis
93C
97 (duration) 5 mo 9 d
CONTRIBUTORY (SECONDARY) Chronic Interstitial nephritis.
General Arterio Sclerosis. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Not at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF -

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings.
 (Signed) W. K. Lippel M. D.
 (Address) 3772 1/2 South Broadway

*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 Park Lawn **DATE OF BURIAL** Jan 26 1928

20. UNDERTAKER Wacker-Heldorfe **ADDRESS** 2331 S Bluff

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.

