

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

Do not use this space.

8111

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 125

Township Cape Girardeau

Primary Registration District No. 3009

City Cape Girardeau

File No. 1065

Registered No. _____

St. _____

Ward _____

2. FULL NAME

(a) Residence No. 1925 South Jefferson

(Usual place of abode)

Ward _____

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yr.

mos.

ds.

How long in U.S., if of foreign birth?

yr.

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

Mr. John Kaeninger

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 31 - 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

65

7

23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Contractor

(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)

Appleton, Missouri

10. NAME OF FATHER

John Kaeninger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ulm, Austria

12. MAIDEN NAME OF MOTHER

Marie Meyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Vienna

14. INFORMANT

(Address)

Mrs. Arthur Kasal, Cape Girardeau, Mo.

15. FILED

3/24/28, 1928

W. Kauffman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Mar 23 1928

17.

I HEREBY CERTIFY, That I attended deceased from Feb 10, 1927, to March 23, 1928 that I last saw him alive on March 21, 1928, and that death occurred, on the date stated above, at 10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of base of tongue
45B

about 1 yr. 6 mos. — ds.

CONTRIBUTORY (SECONDARY)

43

(duration) _____ yr. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.

(Signed) W. A. Schoen, M. D.

3-24, 1928 (Address) Cape Girardeau, 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

DATE OF BURIAL

Louise Center 3-25 1928

20. UNDERTAKER

ADDRESS

U. Bunkopf 536 Broadway

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.

1928

