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

Do not use this space.

10295

1. PLACE OF DEATH
County: St Charles — Registration District No. 757 — File No.
Township: — Primary Registration District No. 3036 — Registered No. 36
City: St Charles (No. 402, Clark St. St. Ward)

2. FULL NAME: Caroline Gutknecht
(a) Residence. No. 402 Clark St. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: James G. Gutknecht

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 8-1862

7. AGE: Years 65 — Months 3 — Days 3 — 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): St Charles
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Henry Borgmeyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Anna Goetges
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Germany
(STATE OR COUNTRY)

14. INFORMANT: H. G. Gutknecht
(Address): 402 Clark St.

15. FILED 3/14, 1928 Hy. G. Bloebaum, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 11th 1928

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw her alive on ..., 19..., and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenzal Pneumonia
11 A
192
(duration) ... yrs. ... mos. 9 ds.

CONTRIBUTORY (SECONDARY): Hypertension
(duration) 2 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? Clinical Signs
(Signed) R. P. Wenther, M.D.
3/12, 1928 (Address) St Charles 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: St Charles Borromeo Cem — DATE OF BURIAL: March 14 1928

20. UNDERTAKER: H. Hallmeyer & Son 60 — ADDRESS: 800 N 2nd St

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.

APR 6 1928