N. 4 1928

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

Do not use this space.

14738

1. PLACE OF DEATH
County St Louis
Township Central
City University City (No. 915 N. 66th St. St. Ward)
Registration District No. 1160
Primary Registration District No. 4470
File No. 49
Registered No.

2. FULL NAME Karoline Dannenmaier.
(a) Residence. No. 5033 Idaho Ave. St., 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): Widow.

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ [redacted] (OR) WIFE OF Walter C. Dannenmaier.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/23/1857.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
70	4	3	

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

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

PARENTS

10. NAME OF FATHER Christian Wenz.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Not Known.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany.

14. INFORMANT Walter C. Dannenmaier.
(Address) 915 N. 66th St.

15. FILED 4-28, 1928 E. Lillian Bruns
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/26/28 19

17. I HEREBY CERTIFY, That I attended deceased from 4/25/28, 19, to 4/26, 1928 that I last saw her alive on 4/26, 1928, and that death occurred, on the date stated above, at 12-05 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Nephritis - Chronic Asthma
9016
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Asthma
(duration) 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? Physical Examination
(Signed) A. Wieler, M. D
4/27, 1928 (Address) 845 Missouri Bldg

*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: Murphysboro Illinois
DATE OF BURIAL: 4/29/28 19

20. UNDERTAKER: Provost Und. Co.
ADDRESS: 3710 N. Grand.

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD