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.

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

Do not use this space.

42769

File No. 12028

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 2655 Oregon St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Eva Kuenneke

(a) Residence. No. 2655 Oregon Av St., 23 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: John D Kuenneke

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 25 - 1880

7. AGE: Years 48 | Months 5 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

PARENTS

10. NAME OF FATHER: Michael Fuchs

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

12. MAIDEN NAME OF MOTHER: Elisasabeth Schepf

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

14. INFORMANT: John D Kuenneke
(Address) 2655 Oregon Av

15. FILED 11 1928 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12 - 10 - 1928

17. I HEREBY CERTIFY, That I attended deceased from 12/8, 1928, to 12/10, 1928 that I last saw her alive on 12/10, 1928, and that death occurred, on the date stated above, at 2 p m m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Interstitial Nephritis
131
930

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Myocarditis

(duration) 1 yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 12/9

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Lab.

(Signed) Stephen Vezeau, M. D

12/11, 1928 (Address) 3202 Park

*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: Lakewood Park Cemetery

DATE OF BURIAL: Dec 13 1928

20. UNDERTAKER: J H Gebken

ADDRESS: 2630 Gravois Av.

Dr [illegible]
3202 [illegible]
10-12 am