

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

Do not use this space.

16841

1. PLACE OF DEATH

County Missouri

Registration District No. 701
1003

Township.....

Primary Registration District No.....

City St. Louis (No.....)

File No.....

Registered No. 4970

St..... Ward.....

2. FULL NAME Veronica Kersten

(a) Residence. No. 1928 N. 9th Street St., 16 Ward.....

(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)

Widowed

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

Widow

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2 - 1868

7. AGE

60

YEARS

MONTHS

DAY

IF LESS than 1 day, hrs. or min.

11

27

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)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Poland

10. NAME OF FATHER

Piaentek

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Poland

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Poland

14.

INFORMANT

Vincent Kersten

(Address)

1928 N. 9th St.

15.

FILED

MAY - 1 1929

Max C. Starker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-29 1929

17.

I HEREBY CERTIFY, That I attended deceased from 4/19/29

that I last saw her alive on 4/28/29, and that death occurred, on the date stated above, at St. Louis, Mo.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Arthur J. Kleykamp, M. D.

1929 (Address) 3834 Shous Ave

*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

Calvary Cemetery

May 2 1929

20. UNDERTAKER

John A. Genteman

ADDRESS 4320

Warne Ave

WRITE QUICKLY, 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.

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