

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

Do not use this space.

39028

1. PLACE OF DEATH

County St. Louis Registration District No. 791
Township 1006 Primary Registration District No. 1003
City Michigan

File No. _____
Registered No. 11507
St. _____ (Wald)

2. FULL NAME

(a) Residence. No. 7006 Michigan 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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 15 1865</u> | | |
| 7. AGE | YEARS <u>64</u> | MONTHS <u>6</u> |
| | DAYS <u>8</u> | If LESS than 1 day, _____ hrs. or _____ min. |

8. OCCUPATION OF DECEASED Invalid

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

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

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Frankford Ky.
(STATE OR COUNTRY) _____

10. NAME OF FATHER Fred Keune

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

12. MAIDEN NAME OF MOTHER Fredrika Behm

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

14. INFORMANT Mrs. Beitha Rettmann
(Address) 7006 Michigan Ave

15. FILED NOV 23 1929 May O. Tanen
19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) NOV. 23 1929

17. **HEREBY CERTIFY, That I attended deceased from** 2 Jan 1924, to NOV 23 1929 that I last saw her alive on NOV 23 1929 and that death occurred, on the date stated above, at 9:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arthritis deformans
57A

CONTRIBUTORY (SECONDARY) 52W (duration) yrs. 11 mos. 21 ds.

(duration) yrs. mos. ds.

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) Edwards Ketter M. D.

202 W. 19 29 (Address) 7310 Michigan av

*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 S. S. Peters & Paul DATE OF BURIAL NOV 26 1929

20. UNDERTAKER W. Schumacher ADDRESS 3013 Meramec

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 FADING INK—THIS IS PERMANENT RECORD

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1370 Michigan

Rev. 0165