MAY 26 1929

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

Do not use this space.

12243

1. PLACE OF DEATH
County Franklin Registration District No. 208
Township Union Primary Registration District No. 5413
City Union (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Caroline Wilhelmine Maune

(a) Residence. No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 16, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	72	3	26	

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

9. BIRTHPLACE (CITY OR TOWN) Clover Botten
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Christofer Koening
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Elizabeth Bergho
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Ben Maune
(Address) Union, Mo.,

15. FILED April 14, 1930 Ea Steinberger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 13 1930

17. I HEREBY CERTIFY, That I attended deceased from April 13, 1930, to April 13, 1930, that I last saw her alive on April 13, 1930, and that death occurred, on the date stated above, at 10 45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
82A
97
(duration) ..... yrs. ..... mos. three

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Her Home
DID AN OPERATION PRECEDE DEATH? No. DATE OF? .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. L. Steinberger, M. D.
April 14, 1930 (Address) Union 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. Johns Church Cemetery
DATE OF BURIAL April 15 30

20. UNDERTAKER Wm H. Horn
ADDRESS Union Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD