

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

Do not use this space.

28045

1. PLACE OF DEATH

County..... Registration District No. 791 File No.
 Township..... Primary Registration District No. 1008 Registered No. 7874
 City St. Louis (No. Delort + Mo. Pac. Railroad Passenger St. Ward)

2. FULL NAME

VICTORIA KOBLER KUENEKE

(a) Residence. No. 4437 50 38 St. 15 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 | 2 | 58

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Old jobs
 (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) Germany

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT Ben G. Prins
 (Address) 546 Mo. Grand

15.

AUG - 1933 FILED Wm C. Fink REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 4 1930

17. No physician in attendance
 I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19....., 19....., and that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at 8:25 a..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock + Injury. Crushed skull received when struck by a passenger train at the terminal place of origin in city of St. Louis Mo.
 (duration) yrs. mos. da.

CONTRIBUTORY No Acc. Involved
 (SECONDARY) (duration) yrs. mos. da.

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) J. W. Regre M.D.
Dep. Coroner
 , 19..... (Address)

*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

St. Peter & Paul Aug 8 1930

20. UNDERTAKER

ADDRESS

Central Ind Co 3901 S 9th

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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