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

Do not use this space.

37510

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 3448 Michigan Avenue St. ..... Ward)

File No. .....

Registered No. 10586

2. FULL NAME Louise Kirchner

(a) Residence. No. 3448 Michigan Avenue St., 16 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 Charles Kirchner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 24, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	52	1	12	

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) St. Louis, Missouri
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Henry Helbing

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

12. MAIDEN NAME OF MOTHER Pauline Huber

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

14. INFORMANT Charles Kirchner
(Address) 3448 Michigan Avenue

15. FILED NOV -8 1930 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 6 1930

17. I HEREBY CERTIFY, That I attended deceased from February 21, 1930 to Nov 6, 1930 that I last saw her alive on Nov 5, 1930 and that death occurred, on the date stated above, at 1.15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Breast (left) and Lungs

..... (duration) 2 yrs. 6 mos. 14 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis

..... (duration) 1 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 14 1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Xray + Clinical Exam.

(Signed) J. P. Kerin, M. D.

Nov 6, 1930 (Address) 2730 McNair 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
Sunset Burial Park	Nov. 8, 1930.

20. UNDERTAKER	ADDRESS
Wacker Helderle	2331 S. Brdwy.

N. B.—Every item of information should be carefully supplied. ROD 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.