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.

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

Do not use this space.

37913

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 37913

Township ..... Primary Registration District No. ..... Registered No. 11057

City St Louis (No. Missouri Baptist Hospital St. ..... Ward)

2. FULL NAME Caroline Kappelmann

(a) Residence. No. Leslie Mo St., 12 Ward. Leslie Mo (If nonresident, give city or town and State)
(Usual place of abode)

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 William Kappelmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	3	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Glover Bottom Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Wm H Bolte

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

12. MAIDEN NAME OF MOTHER Wilhelmina Haase

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

14. INFORMANT William Kappelmann
(Address) Leslie Mo

15. FILED NOV 22 1930 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) NOV 21 1930 19

17. I HEREBY CERTIFY, That I attended deceased from 10/29, 1930, to 11/21, 1930 that I last saw her alive on 11/21, 1930, and that death occurred, on the date stated above, at 8:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic cholecystitis & cholelithiasis
Empyema of gallbladder (3 days)
(duration) 5-6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Thrombosis of deep abdominal veins (duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 10/30/31

WAS THERE AN AUTOPSY? Refused permission

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Willard Bartlett Jr, M. D.

11/22, 1930 (Address) Met. Bldg.

*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
Leslie Mo	11-22- 1930
20. UNDERTAKER	**ADDRESS**
Theo W Beiderwieden	1936 St Louis Ave