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

Do not use this space.

40772

File No. 11412

Registered No.

**1. PLACE OF DEATH**

County

Township

City St Louis (No. 4233- Junniata St. Ward)

Registration District No. 791

Primary Registration District No. 1103

**2. FULL NAME** Katie Thoenes

(a) Residence. No. 4233- Junniata 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 | Widow |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nicholas Thoenes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 9-1865

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | 8 | 25 | |

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)
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Casper Bauner

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Edward J Thoenes
(Address) 4238- Junniata St

15. FILED Dec 5 1930 Mark C Stanley M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 30, 1929, to Dec 4, 1930, that I last saw h. ea. alive on Dec 4, 1930, and that death occurred, on the date stated above, at 11-36 A m.

131 THE CAUSE OF DEATH* WAS AS FOLLOWS:
180
180

Chronic Parenchymatous Nephritis (duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Cardiac + ~~Nephritis~~ Renal

Asthma (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Don't Know
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) J. P. Eidmann, M. D.
Dec 4, 1930 (Address) 3146 Morganford Rd

*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 Matthews | Dec 8 1930 |
| 20. UNDERTAKER | ADDRESS |
| Wacker Helderle | 2331 S Broadway |

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 INDELIBLE INK—THIS IS A PERMANENT RECORD