

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

Do not use this space.

3420

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... St. Louis, (No. 2713 Osage Street) St. Ward

File No.....
Registered No. 650
St. Ward

2. FULL NAME

Margaretha Kast.

(a) Residence. No. 2713 Osage Street, St. 24 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Kast.		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10, 1856.		
7. AGE	YEARS 74	MONTHS 7
	DAYS 5.	If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home. 2 35
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kentucky. ?
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER Mathew Rauner.
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany. 10 (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER Dont Know.
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know. 101 (STATE OR COUNTRY)

14. INFORMANT Joseph Kast
(Address) 2713 Osage Street.

15. FILED 16 13 31
19 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 15 19 31. 1/15
17. I HEREBY CERTIFY, That I attended deceased from Jan 15 19 31, to Jan 15 19 31, and that I last saw her alive on Jan 15 19 31, at 8:45 p.m. death occurred, on the date stated above, at.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage 824
162 (duration) yrs. mos. / ds.
CONTRIBUTORY (SECONDARY) Pulmonary (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Physical Findings
(Signed) R. J. Behrman, M. D.
Jan 16 19 31 (Address) 2800 E Chippewa St.

*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 S. Peter & Paul Cemetery.
DATE OF BURIAL Jan. 19, 1931.

20. UNDERTAKER K. Gebken Lx & Co 784
ADDRESS Meramec

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

