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

Do not use this space.

13761

1. PLACE OF DEATH
County Gasconade Registration District No. 303
Township Primary Registration District No. 4182
City Hermann Mo (No. St. Ward)

File No.
Registered No. 13

2. FULL NAME Antoinette Kuebler

(a) Residence. No. St., 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 6 - 1918

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
12	5	3	

8. OCCUPATION OF DECEASED —
(a) Trade, profession, or particular kind of work
(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) Jefferson City

PARENTS
10. NAME OF FATHER Nic Kuebler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Gasconade
12. MAIDEN NAME OF MOTHER Julia Herman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City

14. INFORMANT Geo McKerman
(Address)

15. FILED 4-11, 1931 Anna K Rickhoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 9th 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1931, to April 9, 1931 that I last saw her alive on April 9, 1931, and that death occurred, on the date stated above, at 7:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bright's disease, acute (cause unknown)
(duration) yrs. 1 mos. 11 ds.
CONTRIBUTORY (SECONDARY) Myocarditis (cause unknown)
(duration) yrs. mos. 21 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? Urine analysis & stethoscope
(Signed) W. A. Jeter, Del.
, 19 (Address) 120 E 4th St. Hermann, Mo.

*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 St George's Cemetary
DATE OF BURIAL 4/13 1931

20. UNDERTAKER E Kuedigen
ADDRESS Hermann Mo

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.

MAY 23 1931

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD