

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

11097

1. PLACE OF DEATH

County _____ Registration District No. 785
Township _____ Primary Registration District No. 101-6
City St. Louis (No. 4247 & Louisiana Ave.) St. _____ Ward _____

File No. _____
Registered No. 3181 Ward _____

2. FULL NAME

(a) Residence, No. 4247 & Louisiana St., 15 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>O. L. Kuhls</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 17 1895</u>		
7. AGE	YEARS <u>39</u>	MONTHS <u>10</u>
	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2 35</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
FATHER	13. NAME <u>Fred Kenzel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Becht. Ill</u>	
	15. MAIDEN NAME <u>Rosie Zymateg</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>	
	17. INFORMANT (ADDRESS) <u>O. L. Kuhls. 4247 & Louisiana</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Funerary</u> DATE <u>4-27</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. Schumacher 3013 Mercantile</u>		
20. FILED <u>PR - 1</u> 19 <u>32</u> <u>W. J. Standley</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/28 1932 to 3/30 1932

I last saw h. u alive on 3/30 1932 Death is said to have occurred on the date stated above, at 12:15 p. m.

The principal cause of death and related causes of importance were as follows:

Lower pneumonia
108 108
Date of onset 3/28/32

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) Wm. Schumacher, M. D.
(Address) 3554 Victor St. St. Louis Mo.

