

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

Do not use this space.

✓ 27397

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 5013
City St. Louis, Mo. (No. 3415 Winnebago) St. _____ Ward _____

File No. _____
Registered No. 7196

2. FULL NAME

Barbara Kauten

(a) Residence, No. 3415 Winnebago 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (late) Frank Kauten

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
80 10 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary 14

13. NAME Mathies Sehr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

15. MAIDEN NAME Elizabeth Unteritner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT Anna Beck
(ADDRESS) 3415 Winnebago St

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul DATE 8-5- 1932

19. UNDERTAKER Southern
(ADDRESS) 1322 Grand Blvd

20. FILED AUG - 1 1932 May C. Starck
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15th 1932, to Aug. 2nd, 1932
I last saw her alive on Aug. 2nd, 1932 Death is said

to have occurred on the date stated above, at 11:50 p.m.
The principal cause of death and related causes of importance were as follows:

46B
93C
Carcinoma Stomach 6 mo.
46B
Chronic myocarditis 2 yr.

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? None 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 Albert Beiswirth, M. D.
(Signed) (Address) 3548 S. Grand Bl.

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.

Handwritten text, possibly a signature or date, located in the bottom left corner.