

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

Do not use this space.

27614

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **3825 Kosciusko**)

File No.....
Registered No. **7430**
St..... Ward.....

2. FULL NAME

(a) Residence, No. **3825 Kosciusko 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 1 - 1859</i>		
7. AGE	YEARS <i>73</i>	MONTHS <i>5</i>
	DAYS <i>11</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Wife</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 12 - 1932*

22. I HEREBY CERTIFY, That I attended deceased from *8-10*, 19*32*, to *8-12*, 19*32*

I last saw him alive on *8-11*, 19*32* Death is said

to have occurred on the date stated above, at *10* m.

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

1 Toxic adenoma thyroid.
2 Carbon of Liver i
areter
3 Decompensation of Heart

Date of onset

Other contributory causes of importance:

chronic myo and endocarditis
chronic renal vascular syndrome
chronic cholecystitis

Name of operation *none* Date of

What test confirmed diagnosis? *biopsy* 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) *Amuth* M. D.
(Address) *1186 A So. Keyhighway*

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i>
	13. NAME <i>Henry Kielmeier</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	15. MAIDEN NAME <i>Unknown</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	17. INFORMANT <i>Elba Wudendorff</i> (ADDRESS) <i>3825 Kosciusko St.</i>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>New Pickenham</i> DATE <i>Aug 15 - 19</i>
	19. UNDERTAKER <i>Ziegenhein Bros.</i> (ADDRESS) <i>1186 A So. Keyhighway</i>
	20. FILED <i>AUG 14 1932</i>

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

Registrar

