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.

JAN 5 1933

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

Do not use this space.

36903

1. PLACE OF DEATH 96
County St. Louis — Registration District No. 784 — File No.
Township St. Ferdinand — Primary Registration District No. 10020 — Registered No.
City Jennings (No. 2012, McLaren Ave. St. Ward)

2. FULL NAME Mathilda M. Kaucher
(a) Residence, No. 2012 McLaren Ave. St., 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: 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: Rudolph Kaucher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 4, 1887

7. AGE: YEARS 45 — MONTHS 4 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home 13
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 2355
10. Date deceased last worked at this occupation (month and year): 13
11. Total time (years) spent in this occupation: 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo. 1

FATHER
13. NAME: John Beesch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Rudolph Kaucher 2012 McLaren Ave., Jennings, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Johns DATE Nov. 12 1932

19. UNDERTAKER (ADDRESS): Math. Hermann and Son 2161 East Fair Ave.

20. FILED 12/8 1932 Emma J. Harris Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from October, 1931, to November 8, 1932
I last saw her alive on November 8, 1932 Death is said to have occurred on the date stated above, at 7:00 A.m.
The principal cause of death and related causes of importance were as follows:
Chronic, Cardio-Vascular Renal disease. Chronic Arteriosclerosis - Chronic Hypertension - Duration about 3 years to my knowledge.
Date of onset
Other contributory causes of importance:
General Anasarca - Uremia - Duration: October 10-1931.

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical & Lab. 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?
If so, specify
(Signed) Jack B. Tinnon, M. D.
(Address) 3718 Jennings, Rd 1