

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

Do not use this space.

37803

1. PLACE OF DEATH

County Registration District No. 1501
Township Primary Registration District No. 1501
City St. Louis (No. 1523) St. Louis St. Ward)

File No.
Registered No. 10506
St. Ward)

2. FULL NAME

(a) Residence, No. 1523 St. Louis St., 9 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>August Kettenbrink</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 2 - 1852</u>		
7. AGE	YEARS	MONTHS
	<u>80</u>	<u>0</u>
		<u>24</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>Housework</u>	<u>97</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>9</u>
	10. Date deceased last worked at this occupation (month and year)	<u>11</u>
	11. Total time (years) spent in this occupation	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	<u>10</u>
FATHER	13. NAME <u>Phil Bohnenkamp</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Don't Know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " <u>31</u>	
	17. INFORMANT <u>Fred Kettenbrink</u> (ADDRESS) <u>Germany</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Trans. Cem.</u> DATE <u>Nov. 29</u> <u>1932</u>	
	19. UNDERTAKER <u>H. J. Kiderhead, Co.</u> (ADDRESS) <u>11407 N. Market St.</u>	
	20. FILED <u>NOV 28 1932</u> <u>St. Louis</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1932 to Nov 25, 1932

I last saw h. alive on Nov 25, 19..... Death is said to have occurred on the date stated above, at 12:50 a. m.

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

Acute Myocarditis Date of onset Nov 25 1932

with Pulmonary Edema Duration 4 hours

Other contributory causes of importance: Arterio Sclerosis and Scurvy

Name of operation Clinical Date of
What test confirmed diagnosis? Path. Diag. 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 (D)

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Yes
(Signed) John Henry Kuper, M. D.
(Address) 11407 N. Market St.

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.

