

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

Do not use this space.

7830

**1. PLACE OF DEATH**

County..... Registration District No. 7901  
 Townshp..... Primary Registration District No. 1000  
 City St. Louis Mo. (No. 4527, Mary Ave.)

File No.....  
 Registered No. 1589  
 St..... Ward)

**2. FULL NAME**

Pauline Kronenberger  
 (a) Residence, No. 4251 1/2 Broadway St. 9 Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
 (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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 or (OR) WIFE OF <u>John Kronenberger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 20, 1862</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>0</u>
	DAYS <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>Housewife</u>	
	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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berlin, Germany</u> <u>Germany</u>		
FATHER	13. NAME <u>Louis Hennig</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>Germany</u>	
	15. MAIDEN NAME <u>Pauline Hennig</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>Germany</u>	
	17. INFORMANT (ADDRESS) <u>John H. Freise</u> <u>4527 Mary Ave.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hiram Cem.</u> DATE <u>Feb. 16, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Suedemeyer &amp; Sons</u> <u>3734 20th St.</u>		
20. FILED <u>Feb 15 1933</u> <u>Max Starck</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933 to Feb 13, 1933  
 I last saw him alive on Feb 6, 1933. Death is said to have occurred on the date stated above, at 3:55 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Intestine  
 Date of onset 48  
 Other contributory causes of importance: 48

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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? Yes  
 If so, specify.....  
 (Signed) W. H. Himmelfarb, M. D.  
 (Address) 4356 W. Wash.

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.

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THIS IS A PERMANENT RECORD

