

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

Do not use this space.

22809**1. PLACE OF DEATH**

36
8
7
County Franklin Registration District No. 297
Township Washington Primary Registration District No. 2016
City Washington (No. _____) St. _____ Ward _____

2. FULL NAME Louisa Marie Kansteiner Kappelmann

(a) Residence No. West 5th Street St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. 4 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 F. W. Kappelmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
67 3 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) Edwardsville
(STATE OR COUNTRY) Madison Co Ill

13. NAME Wm Kansteiner

14. BIRTHPLACE (CITY OR TOWN) Prussia Germany
(STATE OR COUNTRY)

15. MAIDEN NAME Wilhelmine Overbeck

16. BIRTHPLACE (CITY OR TOWN) Prussia
(STATE OR COUNTRY) Germany

17. INFORMANT F. W. Kappelmann
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington DATE July 25 1933

19. UNDERTAKER Otto & Co
(ADDRESS)

Washington Mo

20. FILED July 24 1933 Ch. M. Munn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17 1933, to July 22 1933

I last saw her alive on July 22 1933. Death is said to have occurred on the date stated above, at 6:30 P.M.

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

Hypostatic Pneumonia Date of onset 7-22-33
Bilateral

930
111 B
Chronic Hypertension Heart
Blow

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Chromic 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 _____ 1933

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in _____ 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) R. R. Caylor M. D.

(Address) Washington

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

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19
10
13

