

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

Do not use this space.

34453

1. PLACE OF DEATH

County Registration District No. **701**
 Township Primary Registration District No. **03**
 City **St. Louis** (No. **5224**, **Alcott Ave**) St. Ward)

File No.
 Registered No. **8578**
 St. Ward)

2. FULL NAME

(a) Residence, No. **5224 Alcott Ave** St. **7** 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 Female | | 4. COLOR OR RACE White | | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF | | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24-1863 | | | | | |
| 7. AGE | | YEARS 69 | MONTHS 11 | DAYS 7 | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work | | | | |
| | 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) St. Louis Mo | | | | | |
| FATHER | 13. NAME Louis Kuehn | | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger | | | | |
| MOTHER | 15. MAIDEN NAME Unknown | | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger | | | | |
| 17. INFORMANT Wm. H. Gagestorf (ADDRESS) 5224 Alcott Ave | | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Bridgman DATE Oct. 4 19 33 | | | | | |
| 19. UNDERTAKER Fasomachung Und Co (ADDRESS) 4740 N. Portland Ave | | | | | |
| 20. FILED OCT - 2 1933 19 J. Bredeck Registrar. | | | | | |

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 1** 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **May 5**, 19**27**, to **August 27**, 19**33**
 I last saw **her** alive on **August 30**, 19**33** Death is said to have occurred on the date stated above, at **9:50 a.m.**
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset **Oct 1-33**
Chronic Myocarditis **July 7-31** 19**33**
 Other contributory causes of importance

Name of operation Date of
 What test confirmed diagnosis **clinical** Was there an autopsy? **Yes**

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 **Rudolph N. Abel** M. D.
 (Signed) **4929 Union Blvd**
 (Address)

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.

NOV 10 1933

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