

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis County
Township Central
City Clayton

Registration District No. 790
Primary Registration District No. 330
(No. St. Louis Co. Hosp.)

File No. 26349
Registered No. 218
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3338 Cambridge St. _____ Ward Maplewood Mo.
(Usual place of abode) Maplewood
(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Turner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25, 1858

7. AGE YEARS 76 MONTHS 4 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

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

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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) German Mo.

13. NAME Mat Kehr

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

15. MAIDEN NAME Charlotte Miller

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

17. INFORMANT Mrs. Marie Kappeler (ADDRESS) 641 Marguerite Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washing. Mo. DATE July 5 34

19. UNDERTAKER Coghan and Co. Inc. (ADDRESS) 7th & Manchester Av.

20. FILED July 3 1934 Robt. J. Ambrose Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3-1934

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1934, to 7-3, 1934

I last saw her alive on 7-3, 1934 Death is said to have occurred on the date stated above, at 6:45 p.m.

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

Pulmonary embolism

Date of onset 7-3-34

Other contributory causes of importance:

Name of operation Perineal repair Date of 6-19-34
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?
If so, specify _____

(Signed) Oren K. Turner, M. D.
(Address) St. Louis Co. Hospital

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.

AUG 17 1934

