

FEB 20 1935

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

Do not use this space.

438

1. PLACE OF DEATH

County Cape Girardeau
Township 14
City SAFEGIRARDIAU (No. 46)

Registration District No. 125
Primary Registration District No. 3009
R. Henderson

File No. _____
Registered No. 33
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 46 R Henderson St., _____ Ward. _____

(Usual place of abode)

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 5 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 11 24

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) Scott Co (STATE OR COUNTRY) Mo

13. NAME Gottlieb Krueger

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

15. MAIDEN NAME Johanna Whiteborn

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

17. INFORMANT Wm Koehnemann (ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Former Cem DATE Jan - 31 1935

19. UNDERTAKER Haman's Funeral Home (ADDRESS) Cape Girardeau Mo

20. FILED Jan 29 1935 J. M. [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 29 1935

22. I HEREBY CERTIFY, That I attended deceased from 4 or 5 years 19____, to Jan 29 1935

I last saw her alive on Jan 29 1935 Death is said to have occurred on the date stated above, at 3:20 P.M.

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

Thrombo-Angitis Obliterans

Date of onset Nov. ?

Senile gangrene

Nov. 1934

Asthma + Emphysema

Other contributory causes of importance:

Senility

Name of operation Amputation of toes Date of Nov. 1934

What test confirmed diagnosis? Physical 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 ✓24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) E. H. Gregory Wilson, M. D.(Address) Cape Girardeau Mo

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

