

AUG 9 1935

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

791
1003

Do not use this space.

24849

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. St. Luke's Hospital)

File No.....
Registered No. 6282
St..... Ward.....

2. FULL NAME

Margaret Kaeshoefer
(a) Residence, No. 7007 Edison Ave St. 12 R 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Peter Kaeshoefer</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 22, 1854</u>				
7. AGE	YEARS <u>80</u>	MONTHS <u>10</u>	DAYS <u>24</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Nil</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>Iowa</u>				
MOTHER	13. NAME <u>Fredereck George</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>			
	15. MAIDEN NAME <u>Elizabeth</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
17. INFORMANT <u>Mrs. Margaret Hayes</u> (ADDRESS) <u>7007 Edison Ave St. Louis Co.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>July 24, 1935</u>				
19. UNDERTAKER <u>Goodhart & Goodhart</u> (ADDRESS) <u>2228 Francis</u>				
20. FILED <u>JUL 23 1935</u> <u>J. P. Brebeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1935

22. I HEREBY CERTIFY That I attended deceased from July 19, 1935 to July 21, 1935
I last saw her alive on July 21, 1935. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:
Sarcoma - pt. leg. - myxomatous character
Date of onset 53

Other contributory causes of importance:
Excessive growth of pt. femur

Name of operation Excision of growth of pt. femur Date of July 19
What test confirmed diagnosis? Laboratory 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?
If so, specify.....
(Signed) M. R. Krause, M. D.
(Address) 322 W. Washington

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.

