

APR 11 1936

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

Do not use this space.

12603

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis** (No. **3641** - **Michigan Ave** St. Ward)File No. **2636**Registered No. **2636**

St. Ward

2. FULL NAME

(a) Residence, No. **3641** - **Michigan Ave** St. **16** 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

MEDICAL CERTIFICATE OF DEATH

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 OF (OR) WIFE OF **Albert Kuentzler**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 29 1874**

7. AGE YEARS **61** MONTHS **7** DAYS **11** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at home**

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) **Germany**13. NAME **Unknown - Single**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT **Albert Kuentzler** (ADDRESS) **3641 Michigan Ave**18. BURIAL, CREMATION, OR REMOVAL PLACE **St. August** DATE **Mar 12 36**19. UNDERTAKER **Wacker - Selderle** (ADDRESS) **2331 Broadway**20. FILED **MAR 10 1936** **J. Bredeck** Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 9 1936**22. I HEREBY CERTIFY, That I attended deceased from **March 9th 1936**, to **March 9th 1936**

I last saw her alive on **10 AM**, 1936. Death is said to have occurred on the date stated above, at **10³⁰ a.m.**

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

Date of onset

apoplexy (Cerebral)**Arteriosclerosis****Myocarditis Chronic**

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? **all used** 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) **J. Bredeck**, M. D.(Address) **2278 S. Jefferson**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

