APR 11 1936

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

Do not use this space.

13238

File No. 33222
Registered No. 2 Dec Dead

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis Mo (No. St. Louis ..... St. ..... Ward)

2. FULL NAME Minnie Kuechenmeister

(a) Residence, No. 3856 McDonald St. 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17-1909

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
26	3	9	

OCCUPATION

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

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) Mo

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT George Kuechenmeister (ADDRESS) 3747 a Ann W

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leslie Mo DATE Mar 28 36

19. UNDERTAKER Siegenbein Bros (ADDRESS) 3623 Cherokee St

20. FILED MAR 27 1936 J. F. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30 a.m. 10 AM 26 TH
The principal cause of death and related causes of importance were as follows:

Date of onset

Fractures of Skull, Laceration of Brain, Ruptured Spleen, received when an Auto in which the deceased was riding

Other contributory causes of importance:
collided with the center pier of an overhead railroad viaduct near Herculaneum Mo
No train involved

Name of operation ..... Date of .....
What test confirmed diagnosis? Accident Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/25, 1936
Where did injury occur? Herculaneum Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Jubilee Place
Manner of injury Auto struck pier of viaduct
Nature of injury Fractures of Skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Harold Gilmore, M. D.
(Address) Leyton

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