

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

Do not use this space.

APR 25 1936

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City St. Louis

Registration District No. 1123
Primary Registration District No. 6248 E
(No. Mr. St. Rose Hospital)

File No. 13547
Registered No. 106
St. _____ Ward _____

2. FULL NAME

Agnes Huene
(a) Residence, No. Barthele Ill. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE St 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21 - 1911
7. AGE YEARS 25 MONTHS 1 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 9 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barthele Ill

FATHER 13. NAME John Huene

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barthele Ill

MOTHER 15. MAIDEN NAME Rose Krause

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barthele Ill

17. INFORMANT Margaret Huene (ADDRESS) Barthele Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Barthele Ill DATE 3-17 1936

19. UNDERTAKER Edward Koch (ADDRESS) 3516 W. 14th

20. FILED Mar 14 1936 L. Mowrey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/14 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1936 to 3/14 1936
I last saw her alive on 3/14 1936 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset 1935
Tuberculous Enteritis Jan. 1936

Other contributory causes of importance:
Name of operation None Date of _____
What test confirmed diagnosis? Smear Was there an autopsy? Yes

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) Dr. Arvid _____ M. D.
9101 So Broadway

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.

