

MAY 27 1936

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

Do not use this space.

16750

1. PLACE OF DEATH

County St. Louis Registration District No. 786Township Jefferson Primary Registration District No. 4469City Maplewood (No. 2028, Alameda)

File No.

Registered No. 33

St. Ward)

2. FULL NAME Emma J. Kaenter(a) Residence, No. 2028 Alameda 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 <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>Emil J. Kaenter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 16, 1859</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>6</u>
		DAYS <u>29</u>
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>retired</u>	
	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>St. Louis Mo.</u>		
MOTHER FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany.</u>	
	15. MAIDEN NAME <u>Magdalena Rosenthal</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany.</u>	
17. INFORMANT <u>Cecilia M. Kaenter</u> (ADDRESS) <u>2028 Alameda Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>4/17</u> 19 <u>36</u>		
19. UNDERTAKER <u>Croshaw Und. Co. Inc.</u> (ADDRESS) <u>710 1/2 Manchester Ave.</u>		
20. FILED <u>May 10</u> 19 <u>36</u> <u>Pauline Breitenstein</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/14 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19 1935, to April 14 1936
I last saw her alive on April 14 1936. Death is said to have occurred on the date stated above, at 1:15 p.m.
The principal cause of death and related causes of importance were as follows:
Cancer of Breast
Secondary on the testicle
Cancer of the Liver
Date of onset

Other contributory causes of importance
50

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) Raymond M. Spivey M. D.
(Address)

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.

Quantity 21-5-
3-530