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.

APR 25 1936

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

Do not use this space.

16775

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Central Township Normandy — Primary Registration District No. 6033 — Registered No. 111
City Overland (No. 2340 Wengler St. Ward)

2. FULL NAME Joanne Rose Kuhkirte
(a) Residence No. 2340-Wengler St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 23-1935
7. AGE — YEARS: — MONTHS: 6 — DAYS: 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
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) St Louis Co Mo.

FATHER
13. NAME Wm Kuhkirte
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Rose Vollmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

17. INFORMANT (ADDRESS) Wm Kuhkirte 2340-Wengler Overland Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens Cem DATE 4-6-36
19. UNDERTAKER (ADDRESS) Baumann Bros Inc Overland Mo
20. FILED 4-4-1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1935, to April 4, 1936
I last saw her alive on April 4, 1936. Death is said to have occurred on the date stated above, at 4:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus (Post Natal)	

157a

Other contributory causes of importance: Spina Bifida

Name of operation ..... Date of .....
What test confirmed diagnosis? Phy. Ex. 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) C. E. Sterling, M. D.
(Address) 2205 No & So. Rd St Louis Co Mo