

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis,

Registration District No. 791
Primary Registration District No. 1003
(No. 5939 Highland Ave.)

File No. 8417
Registered No. 1869
St. Ward

2. FULL NAME Dorothea M. Koenigkraemer.

(a) Residence, No. 5939 Highland Ave. St. 6 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frederick W. Koenigkraemer.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1854.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 9 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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, Missouri.

13. NAME Dont Know.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know.

15. MAIDEN NAME Dont know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont know.

17. INFORMANT Mrs. Edu. J. Koenigkraemer
(ADDRESS) 5939 Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cemetery DATE February 13, 1937

19. UNDERTAKER Geo. L. Pleitner
(ADDRESS) 5966 Eastern Ave

20. FILED J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936 to Feb 11, 1937
I last saw her alive on Feb 11, 1937. Death is said

to have occurred on the date stated above, at 2:45 P.M.
The principal cause of death and related causes of importance were as follows:

chronic valvular
heart disease
Date of onset 9/10/36
Other contributory causes of importance:
hypertension

Name of operation none Date of 5
What test confirmed diagnosis? clinical 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 6, 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 6
Nature of injury 6

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Johns Hopkins
(Signed) W. H. Woodman, M. D.
(Address) 1477 1/2 Woodman

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.

899

FEB 13 1937

