

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **2026 East Fair Ave.**) St. Ward) **9**

File No. **10632**
Registered No. **3206**

2. FULL NAME **Caroline Kulage.**

(a) Residence, No. **2026 East Fair Ave.** St. **9** Ward. (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 Female.	4. COLOR OR RACE White.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1894.		
7. AGE 43.	YEARS 2.	MONTHS 22.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Sales lady.
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.		
13. NAME Joseph Hepp.		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.		
15. MAIDEN NAME Katherine Kessler.		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.		
17. INFORMANT Joseph Hepp. (ADDRESS) 2026 East Fair Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary. DATE March 27, 1937		
19. UNDERTAKER Math Hermann & Son. (ADDRESS) 2161 East Fair Ave.		
20. FILED J. Bredeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 23, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **March 16th 1937**, to **March 23rd 1937**
I last saw h. **2nd** alive on **Mar 23rd 1937** Death is said to have occurred on the date stated above, at **11.15 a.m.**

The principal cause of death and related causes of importance were as follows:

Lobar PneumoniaDate of onset **7**

Other contributory causes of importance:

acute myocarditis due to lobar pneumonia
Name of operation **clinical** Date of **no**

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 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 **no**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify **Dr. Med Taylor**
(Signed) **4244 W. Florissant** M. D.
(Address) **Ad**

MAR 24 1937

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.

