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 9 1937

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

Do not use this space.

10769

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 1914 Obear St. ..... Ward)

File No. 3343

Registered No. .....

2. FULL NAME Caroline Koenemann

(a) Residence, No. 1914 Obear St., 9 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Christ Koenemann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 18 1863

7. AGE: 25 YEARS 73 MONTHS 7 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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 F Wiese

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Fredericka Schenck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs Edward Neustadt 1914 Obear

18. BURIAL, CREMATION, OR REMOVAL PLACE: New Bethlehem Cem Mar 26 1937

19. UNDERTAKER (ADDRESS): Beiderwieden Funeral Home Inc 1936 St Louis Ave

20. FILED: MAR 26 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 23, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1927 to Mar 22 1937

I last saw her alive on Mar 22, 1937 Death is said to have occurred on the date stated above, at 3:30 P M

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

Coronary Thrombosis — Date of onset 3/18/37

Other contributory causes of importance: Hypertension — ?

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical 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) R. McElvaine, M. D.

(Address) 4356 Warne