

JUN 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Melamee
City (No. St. Ward)

Registration District No. 425
Primary Registration District No. 5580

File No. 11 20451
Registered No. 31

2. FULL NAME

Caroline Sophia Faehnle

(a) Residence, No. 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>Godfrey Faehnle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15 - 1860</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>9</u>	DAYS <u>8</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>House Wife</u>	
	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) <u>April 22 - 1931</u>	
		11. Total time (years) spent in this occupation <u>50 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stuggart Germany</u>		
FATHER	13. NAME <u>Frederick Kraemer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Herrnburg Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Otto Faehnle 1724 New England Ave. Chicago, Ill.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dittmer Mo</u> DATE <u>April 26 - 37</u>		
19. UNDERTAKER (ADDRESS) <u>A. Brimmer House Springs Mo.</u>		
20. FILED <u>7/24 37</u> <u>J. A. Townsend</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/23/37 1937

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1937, to April 23, 1937. I last saw her alive on April 23, 1937. Death is said to have occurred on the date stated above, at 5:00 p.m.. The principal cause of death and related causes of importance were as follows:
Acute Lobar Pneumonia Date of onset 4/19/37

Other contributory causes of importance:
Arterio Sclerosis - Had 2 strokes within the past 5 or 6 yrs

Name of operation none Date of operation

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?

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 A. A. Swingleton M. D.
(Signed) A. A. Swingleton (Address) Cedar Hill, Mo.

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.

