SEP 10 1937

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

Do not use this space.
28867

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis Mo. (No. Barnes Hospital ..... St. ..... Ward)

File No. 7500

Registered No. .....

2. FULL NAME Antoinette Kuehn

(a) Residence, No. 4658 Louisiana St., 15 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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 15, 1909

7. AGE: 27 YEARS, 7 MONTHS, 23 DAYS; 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, Missouri

FATHER

13. NAME: William Bothe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri

MOTHER

15. MAIDEN NAME: Emma Wenzl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri

17. INFORMANT (ADDRESS): John Kuehn 4657 Louisiana

18. BURIAL, CREMATION, OR REMOVAL

PLACE New St. Marcus DATE 8/11/37, 19....

19. UNDERTAKER (ADDRESS): John L. Ziegenhein & Sons 7027 Gravois Avenue.

20. FILED AUG - 9 1937, 19.... J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-28, 1937, to 8-8, 1937

I last saw h. alive on 8-8, 1937. Death is said to have occurred on the date stated above, at 9:20 a. m.

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

| | Date of onset |
|---|---|
| Broncho-pneumonia (Post operative) | 8 days |
| Other contributory causes of importance: | |
| Appendectomy | 10 days |
| Oophorectomy (for varicose cyst. non-malignant) | 10 days |

Name of operation: Appendectomy Date of: 7-28-37

What test confirmed diagnosis? X Ray 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) Wm. F. Bothe, M. D.

(Address) BARNES HOSPITAL

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.