

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.....

Township.....

Primary Registration District No.....

City *St. Louis, Mo.*(No. *791*) *Barnes, Hospital 1003*

File No.....

**7500**

Registered No.....

St. .... Ward)

## 2. FULL NAME

*ANTOINETTE KUEHN*(a) Residence, No. *1658 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

YEARS

MONTHS

DAYS

If LESS than 1  
day, hrs.  
or min.*35**27**7**23*

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)

*St. Louis,  
Missouri*

(STATE OR COUNTRY)

13. NAME

William Bothe

14. BIRTHPLACE (CITY OR TOWN)

*St. Louis  
Missouri*

(STATE OR COUNTRY)

15. MAIDEN NAME

Emma Wenzl

16. BIRTHPLACE (CITY OR TOWN)

*St. Louis  
Missouri*

(STATE OR COUNTRY)

17. INFORMANT

*John Kuehn  
4657 Louisiana*

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

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

19. UNDERTAKER

*John L. Ziegenhein & Sons  
7027 Gravois Avenue.*

(ADDRESS)

20. FILED

*AUG 9 1937*

19.

*J. Predeck*  
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 him alive on *8-8, 1937* Death is saidto 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:

*Broncho-pneumonia  
(Post operative)*Date of onset  
*8 days*

Other contributory causes of importance:

*Appendectomy 10 days  
Cystectomy (for ovarian  
cyst. non-malignant) 10 days  
unruptured*Name of operation *Cystectomy* 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)

*William 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.

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a multi-paragraph document, possibly a report or a set of instructions. The text is oriented vertically on the page.]

[Illegible text block 1]

[Illegible text block 2]

[Illegible text block 3]

[Illegible text block 4]

[Illegible text block 5]

[Illegible text block 6]

[Illegible text block 7]

[Illegible text block 8]

[Illegible text block 9]

[Illegible text block 10]

[Illegible text block 11]

[Illegible text block 12]

[Illegible text block 13]

[Illegible text block 14]

[Illegible text block 15]

[Illegible text block 16]

[Illegible text block 17]

[Illegible text block 18]

[Illegible text block 19]

[Illegible text block 20]

[Illegible text block 21]

[Illegible text block 22]

[Illegible text block 23]

[Illegible text block 24]

[Illegible text block 25]

[Illegible text block 26]

[Illegible text block 27]

[Illegible text block 28]

[Illegible text block 29]

[Illegible text block 30]

[Illegible text block 31]

[Illegible text block 32]

[Illegible text block 33]

[Illegible text block 34]

[Illegible text block 35]

[Illegible text block 36]

[Illegible text block 37]

[Illegible text block 38]

[Illegible text block 39]

[Illegible text block 40]

[Illegible text block 41]

[Illegible text block 42]

[Illegible text block 43]

[Illegible text block 44]

[Illegible text block 45]

[Illegible text block 46]

[Illegible text block 47]

[Illegible text block 48]

[Illegible text block 49]

[Illegible text block 50]

[Illegible text block 51]

[Illegible text block 52]

[Illegible text block 53]

[Illegible text block 54]

[Illegible text block 55]

[Illegible text block 56]

[Illegible text block 57]

[Illegible text block 58]

[Illegible text block 59]

[Illegible text block 60]

[Illegible text block 61]

[Illegible text block 62]

[Illegible text block 63]

[Illegible text block 64]

[Illegible text block 65]

[Illegible text block 66]

[Illegible text block 67]

[Illegible text block 68]

[Illegible text block 69]

[Illegible text block 70]

[Illegible text block 71]

[Illegible text block 72]

[Illegible text block 73]

[Illegible text block 74]

[Illegible text block 75]

[Illegible text block 76]

[Illegible text block 77]

[Illegible text block 78]

[Illegible text block 79]

[Illegible text block 80]

[Illegible text block 81]

[Illegible text block 82]

[Illegible text block 83]

[Illegible text block 84]

[Illegible text block 85]

[Illegible text block 86]

[Illegible text block 87]

[Illegible text block 88]

[Illegible text block 89]

[Illegible text block 90]

[Illegible text block 91]

[Illegible text block 92]

[Illegible text block 93]

[Illegible text block 94]

[Illegible text block 95]

[Illegible text block 96]

[Illegible text block 97]

[Illegible text block 98]

[Illegible text block 99]

[Illegible text block 100]