NOV 17 1937

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

Do not use this space.

1. PLACE OF DEATH
County GASCONADE — Registration District No. 305 — File No. 37629
Township CANAAN — Primary Registration District No. 5422 — Registered No. 36
~~City ROSEBUD~~ (No. ..., ... St. ..... Ward)

2. FULL NAME LOUISE WILOMENA HUERNER
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 12 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) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF GOTTLIEB HUERNER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 11 1861
7. AGE — YEARS 86 — MONTHS 7 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOUSE WIFE
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 MO.

FATHER
13. NAME KOTTMEYER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME NOT KNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) MRS. Maris Klinger Maplewood Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rosebud, Mo. Redoak cemetery DATE 10 - 17 1937
19. UNDERTAKER (ADDRESS) W.F. Gattenstraeter
20. FILED 10 - 19, 1937. J. J. Ferrell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 15, 1937
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to 10 - 15, 1937
I last saw her alive on Oct 12, 1937. Death is said to have occurred on the date stated above, at 5:30 a m.
The principal cause of death and related causes of importance were as follows:
General arteria Sclerosis — Date of onset unknown
Other contributory causes of importance:
angina Pectoris
Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
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) Joseph W Mills, M. D.
(Address) Owensville Mo