

REC'D JUN 7 1938

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

19572

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 200 Registered No. 819
 (c) City (d) Street No. 4026 Bayless St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 4026 Bayless St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 (date) Henry Maenner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-3-1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 9 10
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

FATHER 13. NAME Paul Kauf
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

MOTHER 15. MAIDEN NAME Julia Kirner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria-Hungary

17. INFORMANT (ADDRESS) Class Maenner
4026 Bayless

18. BURIAL, CREMATION, OR REMOVAL PLACE N. St. Marcus DATE 5-16-38

19. FUNERAL DIRECTOR (ADDRESS) Southern Funeral Home
6322 S. Grand

20. FILED 5-14, 1938 G. R. Meyer M.D.P.N.
Locht Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1938, to 5/13, 1938

I last saw her alive on 5/12, 1938 Death is said to have occurred on the date stated above, at 8 A. m.

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

Chronic Nephritis

Date of onset

?

Other contributory causes of importance:

Malignant Tumor of Uterus 1938
Chronic Myocarditis 1934

Name of operation Radiation Date of 4/12/37

What test confirmed diagnosis? Kahle 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

By, specify Walter Shelley, M. D.

(Signed) Walter Shelley

(Address) offices

Gravois Rd
Afton near Eden Church
Dr Kelly

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No. 2504

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. Frank Ludwig

No. 2504 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Frank Ludwig

Licensed Embalmer No. 2504

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)