C 12 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44709

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 2190

1. PLACE OF DEATH:

(a) County St. Louis 2

(b) City or town Webster Groves (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1324 S. Elm St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County St. Louis

(c) City or town Webster Groves (If outside city or town limits, write "RURAL")

(d) Street No. 1324 S. Elm St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME See Carrie Vivian Kaune

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Wm. J. Kaune

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March (Month) 5 (Day) 1895 (Year)

8. AGE: Years 44 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Charlotte (City, town, or county) North Carolina (State or foreign country)

10. Usual occupation at home 1

11. Industry or business

FATHER
12. Name W. R. Ross 1
13. Birthplace (City, town, or county) No. Carolina (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace (City, town, or county) No. Carolina (State or foreign country)

16. (a) Informant's own signature Wm J Kaune

(b) Address 1324 S. Elm St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 15, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury, No. Carolina

18. (a) Signature of funeral director John L Zuginheim & Sons

(b) Address 7027 Gravois Ave.

19. (a) DEC 12 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1939 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Dec, 1935, to Dec. 12, 1939; that I last saw her alive on Dec 12, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis. Duration Undetermined

Due to —

Due to 93c

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Robert [illegible] (M. D. or other) 1

Address 3115 So Grand Blvd Date signed 12/12

B.C. 1

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 8-17-39 1 X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....G. P. Kidwell.....

Licensed Embalmer No.....3877.....

P. O. Address.....6937a Gravois

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.)

If this body is not embalmed, above space should be left blank.