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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6523
1836

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2652 Osage Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
(c) City or town St. Louis 1317
(If outside city or town limits, write "RURAL")
(d) Street No. 2652 Osage 9
(If rural, give location)
(e) Citizen of foreign country? ----No (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME Mrs. Caroline Kawell

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 Widowed
6. (b) Name of husband or wife Robert Kawell
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased November (Month) 19, (Day) 1868 (Year)

8. AGE: Years 78 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Todtenhausen, (City, town, or county) Germany (State or foreign country)
10. Usual occupation At Home
11. Industry or business ---

FATHER
12. Name Christian Wiese
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Marie Rethemeier
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Ann Dicknite
(b) Address 2652 Osage

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Luth. Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Avenue

19. (a) FEB 24 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22, year 1947 hour 7: minute 25 A. M.

21. I hereby certify that I attended the deceased from May, 1943 to February 22, 1947 and that I last saw her alive on February 22, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus — Duration 7 years
Due to Arteriosclerotic Heart disease — 2 years
Due to Nephritis — 2 years
Cerebral Apoplexy — 2 days
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 George A. O'Sullivan (M. D. or other) M.D.
Address 421 N. Schimer Date signed 2-22-47

(Licensed Embalmer's Statement on Reverse Side)

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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

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, fact should be so stated above.