

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

Do not use this space.

31894

1. PLACE OF DEATH

County St. Louis
Towship Archbishop Mc No.
City St. Marys Hospital

Registration District No. 1170
Primary Registration District No. 624878

File No. _____
Registered No. 226
St. _____ Word

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. Antonia Missouri
(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 Female. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF Philip

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 7. 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
47 6 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. St. Honor
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) Jackson County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Conrad Kuechmeister

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Louise Maria

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT Philip Becht &
(Address) Antonia Missouri

15. FILED 9/4 1929 C. L. Jordan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-3-29 1929

17. I HEREBY CERTIFY, That I attended deceased from 8-17-29, 1929, to 9-3-29, 1929, that I last saw h. or alive on 9-2-29, 1929, and that death occurred, on the date stated above, at 4:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Encephalitis.

Hernia cerebri. 557
1221
11501 (duration) 7 1/2 yrs. mos. ds.
CONTRIBUTORY infiltrating glioma of
(SECONDARY) the left cerebral. yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: 40 DATE OF 8/19/29

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [Signature] M. D.
9/2/29 (Address) County Clatsop

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Glenn Brook Cem DATE OF BURIAL 9/6 1929

20. UNDERTAKER W. H. [Signature] ADDRESS 7514 W. Berry

4/11/11