

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

Do not use this space.

13895

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 1160  
 10 Township Central Primary Registration District No. 4470  
 5 City University City (No. 860 Pennsylvania Ave St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Mrs. Catherine Catter  
 (a) Residence, No. 860 Pennsylvania St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 James Catter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22, 1865

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>66</u>	<u>8</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 135'

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) Londow Canada

MOTHER FATHER

13. NAME Wm. O'Neil

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

15. MAIDEN NAME Unknown King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT Mr. R. W. Peterson  
(ADDRESS) 860 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Council Bluffs Ia DATE 4-11 1932

19. UNDERTAKER Hieshausen Mortuaries  
(ADDRESS) 4104 Manchester Ave

20. FILED April 11, 1932 Lena V. Moeller  
D. Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 10 . 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932, to April 10, 1932  
 I last saw h. or alive on April 9, 1932 Death is said to have occurred on the date stated above, at 7:30 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage. Date of onset \_\_\_\_\_  
131  
82A 131  
 Other contributory causes of importance Chronic Interstitial Nephritis  
with Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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  
 If so, specify \_\_\_\_\_ (Signed) Leo P. Fink, M. D.  
 (Address) 6679 Delmar

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.

MAY 8 1932

RECORD

