

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

Do not use this space.

14659

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1043  
City (No. 4004 Lee Ave) ..... Ward

File No. ....  
Registered No. 4048  
St. .... Ward

**2. FULL NAME**

Katherine M. Deters

(a) Residence, No. 4004 Lee Ave St. 10 Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herman Deters</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-5-1855</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>11</u>
	DAYS <u>18</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>Missouri</u>		
FATHER	13. NAME <u>Anton Schwarzenbach</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Gertrude Westerman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Theodore F. Deters 4004 Lee</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>4/26</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>W. A. Stock and Co. 2667 E. Grand</u>		
20. FILED <u>APR 25 1932</u> <u>W. C. Powell</u> Registrar		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jun 21, 1932, to April 23, 1932  
I last saw her alive on April 23, 1932. Death is said to have occurred on the date stated above, at 3 P. M.  
The principal cause of death and related causes of importance were as follows:

Hypostatic  
Bunches Pneumonia  
13th  
97  
1070  
Other contributory causes of importance:  
Arterio-Sclerosis  
Date of onset 1/21/32

Name of operation none 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? no Date of injury no, 19.....  
Where did injury occur? no (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) Chas P. Prothier, M. D.  
(Address) 3903 Lee Ave

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.

5703 R2 8-9 9.10.

Est. 0642 1-3 P.M.