

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

Do not use this space.

31023

1. PLACE OF DEATH **SEP 13 1934**

**791**

**1003**

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City *St. Louis* (No. *Lutheran Hospital*)

File No. ....  
Registered No. **8290**  
St. .... Ward)

2. FULL NAME *Catherine Kreuter*

(a) Residence, No. *4263a* *Stanfield* St. *16* Ward.

(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Henry L. Kreuter</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 7, 1862</i>		
7. AGE YEARS <i>72</i>	MONTHS <i>1</i>	DAYS <i>5</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>		
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)  
*Washington DC*

FATHER 13. NAME  
*Unknown*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Unknown*

MOTHER 15. MAIDEN NAME  
*Unknown*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Unknown*

17. INFORMANT *Henry L. Kreuter*  
(ADDRESS) *4263a Stanfield St*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *St. Louis Cemetery* DATE *8/14* 1934

19. UNDERTAKER *Carroll Hoffmeister*  
(ADDRESS) *7116 Greenwood St*

20. FILED **AUG 17 1936** *J. B. Bredeck*  
Registrar

**5 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 12* 1934

22. I HEREBY CERTIFY, That I attended deceased from *July 27* 1934, to *August 12* 1934  
I last saw him alive on *August 12* 1934. Death is said to have occurred on the date stated above, at *12:50 p.m.*  
The principal cause of death and related causes of importance were as follows:

*Intestinal obstruction due to carcinoma of sigmoid*  
*46 93*  
Other contributory causes of importance:  
*Sensitivity - Chronic myeloiditis*

Date of onset  
*2 weeks*

Name of operation *Colostomy* Date of *8/9/34*  
What test confirmed diagnosis? *Biopsy* 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) *J. Lewis Hutton*, M. D.  
(Address) *3400 California Ave.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

