

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

Do not use this space.

FEB 2 1 1935

3700

1. PLACE OF DEATH

County ..... Registration District No. **1003**  
Township ..... Primary Registration District No. ....  
City **St. Louis** (No. **1908 Blair Ave**) St. .... Ward)

File No. ....  
Registered No. **1021**  
St. .... Ward)

2. FULL NAME

**William F. Katter**  
(a) Residence, No. **1908 Blair Ave** St., **26** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **10** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Agnes F. Katter**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **8-29-1873**

7. AGE YEARS **61** MONTHS **4** DAYS **29** If LESS than 1 day, hrs. or min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Pump Operator**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Century Elev Co**  
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) **Chicago Ill**

FATHER  
13. NAME **Nicholas Katter**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER  
15. MAIDEN NAME **Regina Miller**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Agnes F. Katter 1908 Blair Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Columb** DATE **1-31-35**

19. UNDERTAKER (ADDRESS) **W. A. Stark, Und. Co 2117 E. Grand Blvd**

20. FILED **20** 1935 **J. Brebeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 28**, 19**35**

22. I HEREBY CERTIFY That I attended deceased from **January 26<sup>th</sup>**, 19**35**, to **Jan 28**, 19**35**. I last saw him alive on **Jan 26<sup>th</sup>**, 19**35**. Death is said

to have occurred on the date stated above, at **5 A.** m. The principal cause of death and related causes of importance were as follows:

**Cardiac Failure** Date of onset **Jan 25<sup>th</sup>**  
**Myocardial**  
**Chr. myocarditis**  
Other contributory causes of importance **Chr. Nephritis**  
**Hypertension**

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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) **John P. Bellare**, M. D.  
(Address) **5373 N. Union Blvd.**

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.

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