

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

Do not use this space.

**JUL 8 - 1937**

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. 4411)

Registration District No. 791  
Primary Registration District No. 1008  
Alaska Ave. 2

File No. 21752  
Registered No. 5504  
St. .... Ward 1

**2. FULL NAME Katherine Neu**

(a) Residence, No. 4411 Alaska St. 15 Ward 1  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Neu

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>58</u>	<u>10</u>	<u>13</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife  
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) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Chas. W. Koessel

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Hellwig

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT Ed. Neu (ADDRESS) 4846 Penrose St.

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter & Paul DATE June 4 1937

19. UNDERTAKER Wm. Schumacher (ADDRESS) 3013 Meramec St.

20. FILED JUN 3 1937 J. J. Brebeck Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 19 37

22. I HEREBY CERTIFY, That I attended deceased from St. 5 19 37 to June 1 19 37  
I last saw her alive on June 10 19 37 Death is said to have occurred on the date stated above, at 11:55 P.M.  
The principal cause of death and related causes of importance were as follows:

Crisipelas  
Streptococcus infection  
right arm  
Date of onset 2-3-37  
Other contributory causes of importance: Septicemia Wound caused 3-4-37  
by Streptococcus Infection  
St. Louis

Name of operation amputation Date of 2-5-37  
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) W. W. Manglos M. D.  
(Address) 3515 South Grand  
St. Louis, Mo.

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.

OCCUPATION  
FATHER  
MOTHER

3515 2 Grand  
9-10 AM.