REC'D JUL 12 1938

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

20581
Do not use this space.

791
1003
5720

**1. PLACE OF DEATH**

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. .....

(c) City St. Louis (d) Street No. 4927 Blow St., St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Katherine Buchheit 230

(a) Residence, No. 4927 Blow St., St. 2
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| F | W | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1894

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 44 | 1 | 21 | |

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. At home

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) Austria

FATHER

13. NAME Joh Pitzer

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

MOTHER

15. MAIDEN NAME Eva Gross

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

17. INFORMANT Anton Buchheit
(ADDRESS) 4927 Blow St.,

18. BURIAL, CREMATION, OR REMOVAL 6/27/38
PLACE Old S. S. Peter & Paul DATE ....19....

19. FUNERAL DIRECTOR J. L. Ziegenhein & Sons
(ADDRESS) 7027 Gravois

20. FILED JUN 24 1938 J. F. Bredick Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-23 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1937, to June 23, 1938
I last saw h. alive on June 23, 1938. Death is said to have occurred on the date stated above, at 11:15 P M
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General carcinomatosis | 1/2 yr. |
| Other contributory causes of importance: | |
| Adeno carcinoma fundus uteri | 2 yr. |

Name of operation hysterectomy Date of 1936
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) Eugene A. Vogel, M. D.
(Address) 3325 S Grand

(Licensed Embalmer's Statement on Reverse Side)

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.

**STATEMENT BY LICENSED EMBALMER**

I, Clarence P. Kidwell, Licensed Embalmer No. 3877

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself.

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Clarence P. Kidwell

Licensed Embalmer No. 3877

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**