

NOV 16 1938

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

34380

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... 2 Registration District No. **791**  
(b) Township..... / Primary Registration District No. **1008**  
(c) City **St. Louis,** (d) Street No. **4406 Pennsylvania Ave.** Registered No. **9366**  
(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 Seiter**

(a) Residence, No. **4406 Pennsylvania Ave.** St. **15**  
(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 **Female** 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 **Roman Seiter**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 21, 1880.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**57 38 10 6**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At home**  
9. Industry or business in which work was done, as 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) **St. Louis, Mo.**13. NAME **Joseph Birkenmeier.**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany. 6**15. MAIDEN NAME **Agnes Fink**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany. 6**17. INFORMANT **Roman Seiter**  
(ADDRESS) **4406 Pennsylvania Ave.**18. BURIAL, CREMATION, OR REMOVAL  
**New SS. Peter & Paul DATE Oct. 31, 1938**19. FUNERAL DIRECTOR (NAME) **J. N. Belken S. & Co.**  
(ADDRESS) **2842 Meramec St.**20. FILED **OCT 28 1938**  
**J. A. Bredbeck**  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 27, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 12, 1938, to Oct 27, 1938**  
I last saw **her** alive on **Oct 27, 1938** Death is said to have occurred on the date stated above, at **3:50 p. m.**

The principal cause of death and related causes of importance were as follows:

**Cerebral Hemorrhage** Date of onset **Oct. 18.**

Other contributory causes of importance:

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) **R. B. Barn**, M. D.  
(Address) **2002 So Broadway**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

Herman A. Gebken ....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Herman A. Gebken*

Licensed Embalmer No. 2120

2842 Lleramec St.

P. O. Address St. Louis, Mo.

**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.)**

**If this body is not embalmed, above space should be left blank.**