

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

Do not use this space.

9727

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis Mo.** No. **2151^a** **Boyer Ave** St. Ward)

File No.....
 Registered No. **2266**
 St. Ward)

2. FULL NAME **Catherine Laage**

(a) Residence. No. **2151^a Boyer Ave** St. **13** Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da: 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) **married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 20-1883**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 **10** **15**

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **at home**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill.**

10. NAME OF FATHER **Peter Schuster**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **France**

12. MAIDEN NAME OF MOTHER **Catherine Zuger**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Austria**

14. INFORMANT **Geo. P. Laage**
 (Address) **2151^a Boyer Ave.**

15. FILED 1927 **May 6 Starosoff**
 REGISTAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 5- 1927**

17. I HEREBY CERTIFY That I attended deceased from **June 8**, 19**26** to **March 5**, 19**27**
 that I last saw her alive on **March 4**, 19**27** and that death occurred, on the date stated above, at **10:30 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Metral Regurgitation
Toxic Adenoma (Fatty)
Exophthalmic Character
 CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? **no** DATE OF
 WAS THERE AN AUTOPSY? **no**
 WHAT TEST CONFIRMED DIAGNOSIS **General**
 (Signed) **Starosoff**, M. D.
3/7, 19**27** (Address) **1801^a Olive**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Mascoutah Ill** DATE OF BURIAL **Mar 9- 1927**

20. UNDERTAKER **Zegerheim Bro. 2623** ADDRESS **Cheshier**

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.

MISSOURI STATE BOARD OF HEALTH IS A PERMANENT RECORD

