

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

Do not use this space.

16675

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis Mo*

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **4574**
St. Ward)

2. FULL NAME

(a) Residence. No. **3950 Junata** St., *St. Anthony Hosp* 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Feb 6 1885*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 3 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housework*
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer *At Home*

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

PARENTS

10. NAME OF FATHER *Unknown Groepke*

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

12. MAIDEN NAME OF MOTHER *Unknown*

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

14. INFORMANT *R. Groepke*
(Address) *3950 Junata St.*

15. MAY 16 1927 FILED *man G Starke*
1927 REGISTRY

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 14 1927*

17. I HEREBY CERTIFY, That I attended deceased from *April 1st 1927* to *May 14 1927* that I last saw him alive on *May 14 1927*, and that death occurred, on the date stated above, at *740 A.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
131 1290
518 108
(duration) *1* yrs. mos. da.

CONTRIBUTORY (SECONDARY) *Chronic Interstitial Nephritis*
(duration) *5* yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: *3950 Junata St.*

1 DID AN OPERATION PRECEDE DEATH: *yes* DATE OF *April 30 1927*
WAS THERE AN AUTOPSY: *no*

WHAT TEST CONFIRMED DIAGNOSIS: *physical, clinical & laboratory findings*
(Signed) *G. L. Mertels* M. D.

5/16 1927 (Address) *3608 S. Grand Bl.*

*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 *St Peter & Paul Cent* DATE OF BURIAL *May 17 1927*

20. UNDERTAKER *Paul Robert* ADDRESS *405 S Grand 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.

THIS IS A PERMANENT RECORD

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cated by check marks, lacking from the death certificate:

Name: Catherine E. Kirchhoff

Who died at: St. Louis, Mo. on May 14, 1927,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Myocarditis, Chronic,
129A

Contributory: Chronic Interstitial Nephritis. Operation for non Malignant Fibroid of the

Where was disease contracted? Uterus, information given over Phone
Dr. A. L. Hertz

Did operation precede death? _____ Date of Op. of U. S.

Was there an autopsy? _____ What test confirmed diagnosis? 12-8-27

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