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

Do not use this space.

38964

File No. 11786

Registered No.

**1. PLACE OF DEATH**

County

Township

City St. Louis (No. 8539 E. Robin Ave St. Ward)

Registration District No. 791

Primary Registration District No. 1003

**2. FULL NAME** Katherine Frederich

(a) Residence. No. 8539 E. Robin Ave St., 7 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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.

**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) Aug. 8, 1877

7. AGE: Years 50 | Months 4 | Days 21 | If LESS than 1 day, ..... hrs. or ..... min.

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) Hungary

PARENTS

10. NAME OF FATHER Mathais Hermann

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

12. MAIDEN NAME OF MOTHER Not Known

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

14. INFORMANT Nick Frederich
(Address) 8539 E. Robin Ave.

15. FILED DEC 31 1927, 19 Max C. Starcoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1927, to Dec. 29, 1927 that I last saw her alive on Dec. 27, 1927 and that death occurred, on the date stated above, at 8:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of liver and gall bladder

Hb E 44 (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) S. A. Van Hoefen, M. D

12/31, 1927 (Address) 8313 Halls Ferry Rd

*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: Calvary

DATE OF BURIAL: Jan. 2 1928

20. UNDERTAKER: Math. Hermann & Son

ADDRESS: 4103 E West Florissant Ave

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.