

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

Do not use this space.
15493
15224

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis No. 5340 Devonshire (Ward)

7911
1003

File No.
Registered No. 4434
St. Ward)

2. FULL NAME Katherine Schlette

(a) Residence. No. 5340 Devonshire Ave. St. 14 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. 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 Philip Schlette

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 13th. 1845.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 5 9

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) Germany

10. NAME OF FATHER John Seibel

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

12. MAIDEN NAME OF MOTHER Unknown

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

14.

INFORMANT Mrs. Anna Schlette
(Address) 5340 Devonshire Ave.

15.

FILED 29 21 19 Stan C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April, 22nd, 1928

17. I HEREBY CERTIFY That I attended deceased from Apr. 1, 1928 to Apr. 22, 1928 that I last saw her alive on Apr. 21, 1928, and that death occurred, on the date stated above, at 9.30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial-Regurgitation
928 (duration) 3 yrs. da.

CONTRIBUTORY (SECONDARY) 928 (duration) yrs. da.

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?
(Signed) W. M. ..., M. D.
Apr 22, 1928 (Address) 212 1/2 ...

*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 Lakewood Park Cemetery DATE OF BURIAL Apr. 24th, 28

20. UNDERTAKER Waeper Helderle ADDRESS 2331 S. Bway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

