

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

Do not use this space.

43141

1. PLACE OF DEATH

County.....

Registration District No.....

701

1002

Township.....

Primary Registration District No.....

City.....

(No. 2220 Bremen)

File No.....

Registered No. 12447

St. Ward)

2. FULL NAME

Katherine Archer

(a) Residence. No. 2220 Bremen St. 20 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-16-1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 71 1 3

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work No Home

(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Moellmann

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

12. MAIDEN NAME OF MOTHER Kate Huelsman

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

14. INFORMANT Joseph Moellmann
(Address) 1811 Myoming St

15. FILED 21 1928 Nov 21 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-19 1928

17. I HEREBY CERTIFY that I attended deceased 12/12/28 that I last saw her alive on 12/19/28, and that death occurred, on the date stated above, at 5:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Broncho Pneumonia
11A

109A La Grippe (red Influenza) (duration) 3 da.

CONTRIBUTORY (SECONDARY) 7 (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN ADDRESS? no

WHAT TEST CONFIRMED DISEASE? Chemical Symptoms
Chas. Pfeiffer, M.D.
12/19/28 (Address) 3903 Rue

*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 Cemetery DATE OF BURIAL 12/21 1928

20. UNDERTAKER W.A. Stock and Co ADDRESS 2176 E. Grand

WHILE MAINLY, WITH UNFADING IMPRESSIONS 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.

