

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

Do not use this space.

43321

1. PLACE OF DEATH

County..... Registration District No. 7811
 Township..... Primary Registration District No. 71000
 City St. Louis (No. 3950, Shaw Ave St. _____ Ward _____)

File No. _____
 Registered No. 12629
 St. _____ Ward _____

2. FULL NAME

Kate Segelke
 (a) Residence. No. 3950 Shaw St., 17 Ward. _____
 (Usual place of abode)
 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 Frederick Segelke
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 22 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 0 1

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

PARENTS
 10. NAME OF FATHER Henry Wolf
 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) unknown

14. INFORMANT Edward F. Segelke
 (Address) 3950 Shaw Ave

15. FILED DEC 26 1928 Max C. Stankoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 1928
 17. I HEREBY CERTIFY, That I attended deceased from Aug 17 1928, to Dec 23 1928, that I last saw him alive on Dec 23 1928, and that death occurred, on the date stated above, at 6:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of the Stomach
46 B
11 2 (duration) 1 yrs. 0 mos. 0 ds.
 CONTRIBUTORY arteriosclerosis
 (SECONDARY) (duration) 6 yrs. 0 mos. 0 ds.

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) B. S. Benson M. D.
Dec 24 1928 (Address) Webster James No.

*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 New Pickers Cem DATE OF BURIAL Dec 26 1928

20. UNDERTAKER A. Kron & Co ADDRESS 2207 M 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.

