

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

Do not use this space.

3337

**1. PLACE OF DEATH**

County.....*Wabers Grove*..... Registration District No. *758*  
 Township.....*St. Louis County*..... Primary Registration District No. *4471*  
 City.....*St. Louis*..... (If nonresident give city or town and State)  
 St. *Missouri* (Ward) *19*

**2. FULL NAME**

*Katherine Mary Schoelpple*  
 (a) Residence, No. .... Sl. .... Ward .....

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** *widow*

**5A. If MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF** *John Schoelpple*

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** *Nov. 30 1847*

**7. AGE** YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**  
*81 | 1 | 24*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *housewife*  
 (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** *Unknown Weber*

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

**12. MAIDEN NAME OF MOTHER** *Unknown Bertsch*

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

**14. INFORMANT** *Mr. Pauline J. Krenn*  
 (Address) *3659<sup>2</sup> Arsenal St.*

**15. FILED** *1-25-29* *Arthur W. Watson*  
 REGISTER

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** *Jan. 24 1929*

**17. I HEREBY CERTIFY, That I attended deceased from** *Jan. 7, 1929* **to** *Jan. 24, 1929*  
 that I last saw him alive on *Jan. 23, 1929*, and that death occurred, on the date stated above, at *9:15 a. m.*

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

*Nephritis chronic interstitial*  
*131*  
*97* (duration) *2 yrs. 1 mos. ds.*  
**CONTRIBUTORY (SECONDARY)** *Arteriosclerosis*  
 (duration) yrs. mos. ds.

**18. WHETHER DISEASE CONTRACTED** *no*  
 IF NOT AT PLACE OF DEATH

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

**WAS THERE AN AUTOPSY?** *no*

**WHAT TEST CONFIRMED DIAGNOSIS?** *abdominal*  
 (Signed) *J. G. H. S. M.D.*

*1-25, 1929 (Address) 1331 Lo 12 St Louis Mo*

\*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** *Memorial Park* **DATE OF BURIAL** *1-26 1929*

**20. UNDERTAKER** *With Bro. L. H. Co. 2929 S. Jefferson*

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.

96  
25  
7

239

10

10

10

2011 6 20 2011 6 20