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

Do not use this space.

8192

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis, (No. 4653 Oregon Avenue. St. ..... Ward)

File No. .....

Registered No. 1839

2. FULL NAME Catherine Korherr

(a) Residence. No. 4653 Oregon Avenue St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Korherr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15, 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	83	2	21	

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) Switzerland

PARENTS

10. NAME OF FATHER Dont Know

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

12. MAIDEN NAME OF MOTHER Dont Know

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

14. INFORMANT Mary Bobler
(Address) 4653 Oregon Avenue.

15. FEB -8 1929 Filed, 19..... Clay C. Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1929, to Feb. 6, 1929, that I last saw h. alive on Feb. 6, 1929, and that death occurred, on the date stated above, at 11:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Throat 11:45 PM
HRS
1 Day
Coma 4 Hrs
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchitis acute non Tubercular
(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? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Walter Meyer, M. D.

Feb. 7, 1929 (Address) 4661 Virginia Av.

*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	DATE OF BURIAL
SS. Peter & Paul Cemetery	Feb. 9 1929
20. UNDERTAKER	**ADDRESS**
J. N. Gelmen L. Ass. N. Co	2842 Meramec

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.

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