

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

Do not use this space.

16485

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis, Mo. (No. 3957) Tholozan

File No.....  
Registered No. 4583  
St. .... Ward

**2. FULL NAME**

Katherine Trech  
(a) Residence. No. 3957 Tholozan St. 18 Ward. 1  
(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. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 19 - 1880.</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>48</u>	<u>4</u>	<u>29</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work. <u>House Wife</u>				
(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 Peter Hundt

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

12. MAIDEN NAME OF MOTHER Christine Vogel

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

14. INFORMANT George Trech  
(Address) 3957 1/2 Tholozan

15. FILED DD 19 20 1929  
Wm C. Parker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 18 - 1929  
17. I HEREBY CERTIFY, That I attended deceased from March 11 - 1929 to April 18 - 1929 that I last saw her alive on April 18 - 1929, and that death occurred, on the date stated above, at 12:15 P.M.

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

Pleurisy with Effusion  
1103  
(duration) yrs. 2 mos. ds.  
CONTRIBUTORY (SECONDARY) 1025  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED.....  
IF NOT AT PLACE OF DEATH Chicago Ill  
8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY?.....  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Edward Schuch, M. D.  
4/18 - 1929 (Address) 1725 So. 7th

\*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 St. Marcus Cem. DATE OF BURIAL 4-22-1929

20. UNDERTAKER Ziegenheim Bro. 2623 Shook St.  
ADDRESS

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.

V. S. NO. 2.

MARGIN RESERVED FOR BINDING

10-10-20-25

