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

Do not use this space.

3148

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

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

City St. Louis (No. 1708 Arlington av. St. ..... Ward)

File No. .....

Registered No. 642

2. FULL NAME Katherine Hoelscher,

(a) Residence. No. ..... St., 6 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christian Hoelscher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1849-11-2

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	80	2	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Houseiwfe

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER James Morgan

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

12. MAIDEN NAME OF MOTHER Magdeline Fisher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Alsace-Lorraine

14. INFORMANT Christian Hoelscher
(Address) 1708 Arlington av.

15. FILED JAN 20 1930 Max C. Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 19th 1930

17. I HEREBY CERTIFY, That I attended deceased from July the 17th, 1927, to January the 19th, 1930 that I last saw her alive on January the 19th, 1930, and that death occurred, on the date stated above, at 8.15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Asthma 97
non Tubercular 112

(duration) 2 yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis

(duration) ..... yrs. ..... mos. ..... ds.

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

(1) DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr. Reinhold Pasler, M. D

Jan 19th, 1930 (Address) 3318 S. Grand 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 Laurel Hill,

DATE OF BURIAL 1/22/20 19

20. UNDERTAKER Robert [illegible]

ADDRESS 4468 Washington

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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