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

Do not use this space.

7321

File No.

Registered No. 1633

1. PLACE OF DEATH

County

Registration District No. 791 ~~1005~~

Township

Primary Registration District No.

City St Louis (No. 4223 Nat. Bridge Av St. Ward)

2. FULL NAME Katherine Marie Spleen

(a) Residence. No. 4223 Nat Bridge St. 10 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 Ernest Spleen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 6 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	80	1	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) 10
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER — Strothmann

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

12. MAIDEN NAME OF MOTHER Not Known

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

14. INFORMANT E. Spleen
(Address) 4223 Nat. Bridge Av

15. FEB -9 1931 Ray C Starkloff
FILED ..., 19... REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 8 1931

17.
I HEREBY CERTIFY, That I attended deceased from 1/28 1931, to 2/8 1931, that I last saw he alive on 2/7 1931, and that death occurred, on the date stated above, at 5:15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bronchial Pneumonia
11B
1 DYB
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) La Grippe (non Influenzal)
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) Chas P Martin, M. D.
2/8, 1931 (Address) 3903 Lee 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
St Peters	Feb. 11 1931
20. UNDERTAKER	**ADDRESS**
Wm. F. Paschedag	2825 No Grand Av

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD