

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

Do not use this space.

21909

26

**1. PLACE OF DEATH**

51 County Jefferson  
Township Waco  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 423  
Primary Registration District No. 5578

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Catherine M. Mall

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Albert Mall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 28-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78      4      21

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Housewife 735  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Leckman Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Henrich Ehlers

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

12. MAIDEN NAME OF MOTHER Meta Eckhoff

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

14. INFORMANT William Moel  
(Address) Kimmisick mo

15. Filed 30, 1931 H. W. Ebel  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30th 1931

17. I HEREBY CERTIFY, That I attended deceased from June 8, 1931, to June 30, 1931  
that I last saw her alive on June 30, 1931, and that death occurred, on the date stated above, at 8:20 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute endocarditis  
719  
Mo (duration) yrs. mos. ds. 22 ds.

CONTRIBUTORY Senility  
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH, \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? No DATE OF none

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical & physical findings

(Signed) O. St. Keych M. D.  
. 19 (Address) Kimmisick 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 St. J. Luthern Cemetery DATE OF BURIAL July 3 1931

20. UNDERTAKER Pred. Heiligtag ADDRESS Kimmisick mo

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.

25 1931

