

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

Do not use this space.

3192

1. PLACE OF DEATH

County _____ Registration District No. 707
Township _____ Primary Registration District No. 500
City St Louis Mo (No. 6047, Tarascchi Ave) St. _____ Ward _____

File No. _____
Registered No. 963
St. _____ Ward _____

2. FULL NAME

Kate Battersby
(a) Residence, No. 6047 Tarascchi St., 7 Ward. (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 MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1848

7. AGE YEARS 83 MONTHS 9 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Groves Mo.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Chas. E. Barlow (ADDRESS) 5735 Floy Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cemetery Highwood No DATE Jan. 30, 1932

19. UNDERTAKER Mark Hermannson (ADDRESS) 216 1/2 S. 5th Ave

20. FILED 29 1932 Wm C Hartley Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/28, 1931, to 1/27, 1932

I last saw her alive on 1/27, 1932. Death is said to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance were as follows:

117A
950
116 Chronic Myocarditis
(Senile)
Other contributory causes of importance:
old chronic gastritis
ulcer.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury (1)

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Albert J. Mottel, M. D.
(Address) 2743 Woodward Pl.

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.

