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.

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

Do not use this space.

14663

File No. 4052
Registered No.

1. PLACE OF DEATH

County
Registration District No. 7911
Township
Primary Registration District No. 1008
City St Louis Mo (No. 2838 Nebraska Ave. St. Ward)

2. FULL NAME Catherine M. Schottel

(a) Residence, No. St., 24 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25th 1852

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
79	4	29	

OCCUPATION

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) Germany

FATHER

13. NAME Hey Vorst
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary Hafertepe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Herman Dymmhen
(ADDRESS) 2918 Magnolia Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter & Pauls DATE April 27, 1932

19. UNDERTAKER J. H. Lehker L & U. Co
(ADDRESS) 2628 Gravois Ave

20. FILED APR 25 1932 19 Mary C. Marlett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24th, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1932, to April 24, 1932
I last saw her alive on April 24, 1932. Death is said to have occurred on the date stated above, at 5.35 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar (left lung)	Apr. 22-32
09	
09A	
09C	
Other contributory causes of importance:	
Bronchitis Acute	
Myocarditis chr	Jan. 1924
Endocarditis chr	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jno. A. Dowek M. D.
(Address) 3767 Gravois