

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

Do not use this space.

18096

1. PLACE OF DEATH

County.....

Registration District No. 701

File No.

Township St. Louis Mo

Primary Registration District No. 2

Registered No. 5068

City St. Louis Mo (No. 3144 Lafayette Ave)

Katherine E Aug Brecht

St. Ward)

2. FULL NAME

(a) Residence, No. St. 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. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 4 - 1861</u>		
7. AGE	YEARS	MONTHS
	<u>71</u>	<u>3</u>
		DAYS
		<u>19</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Housework</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>at home</u>
	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)	<u>Germany 16</u>	
MOTHER	13. NAME	<u>Fred Eckert 9</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>
	15. MAIDEN NAME	<u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Unknown 51</u>
17. INFORMANT (ADDRESS)	<u>Joseph Aug Brecht 3144 Lafayette</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>San Gabriel</u>	DATE <u>5-26-1932</u>
19. UNDERTAKER (ADDRESS)	<u>Thy. Robert 1905 S. Grand St. St. Louis</u>	
20. FILED	19 <u>May 27</u> <u>City of St. Louis</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 19 32

22. I HEREBY CERTIFY, That I attended deceased from Nov 20th 19 31, to May 23 19 32
I last saw h. EN alive on May 23rd 19 32 Death is said to have occurred on the date stated above, at 7:00 P.m.
The principal cause of death and related causes of importance were as follows:
Gastric Carcinoma Date of onset Nov 20/31
46 B
16 v 46 B
Other contributory causes of importance:
Emphysema ①

Name of operation Thyroid Date of
What test confirmed diagnosis? Thyroid 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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Paul P. Koughman M. D.
(Address) 3507 Potomac

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.

