

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

Do not use this space.

28012

**1. PLACE OF DEATH**

County ..... Registration District No. *7896*  
 Township ..... Primary Registration District No. *1925*  
 City ST. LOUIS MO. (No. 3740a PALM STR.) St. ..... Ward 10

File No. ....  
 Registered No. 7896  
 St. .... Ward

**2. FULL NAME** CATHERINE E. SCHLEF.

(a) Residence, No. 3740 A. PALM STR. St. 10 Ward. (If nonresident, give city or town and State)  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX FEMALE. 4. COLOR OR RACE WHITE. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/2/1855.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
77 6 27

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

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

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) ILLINOIS. 2

13. NAME FRED BORRENPAHL.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY. 10

15. MAIDEN NAME HELEN HEDEMANN.

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

17. INFORMANT Arthur Schlef (ADDRESS) 3740 a PALM STR.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 9/1/32 19. ....

19. UNDERTAKER The Provoosh and Co. (ADDRESS) 3710 N. GRAND BLV'D

20. FILED AUG 30 1932 W. J. Starck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

3 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/29/32. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 4<sup>th</sup>, 1932, to Aug 29<sup>th</sup>, 1932  
 I last saw her alive on Aug 29<sup>th</sup>, 1932 Death is said to have occurred on the date stated above, at 11-25 A.M.

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

Uremia  
chr. nephritis  
131  
127B 131  
132B  
 Other contributory causes of importance: Cholangitis 2 year

Date of onset 8/20/32

23. Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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 Arthur Sundlach M. D.  
 (Signed) Arthur Sundlach M. D.  
 (Address) 2202 University St

N. B.—Every item of information should be carefully supplied. AGE should be stated exactly. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

