

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

Do not use this space.

34012

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City A. Louis (No. 6007 @ Columbia ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_  
File No. \_\_\_\_\_ Registered No. 9361

**2. FULL NAME**

Catherine Roth Eitman  
(a) Residence, No. 6007 @ Columbia St., 3 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 <u>Richard Eitman</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-29-1857</u>					
7. AGE YEARS <u>81</u>		MONTHS <u>10</u>		DAYS <u>21</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		11. Total time (years) spent in this occupation			
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)			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dayton Ohio</u>					
13. NAME <u>Henry Roth</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>					
15. MAIDEN NAME <u>Maire Kehlertkamp</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>					
17. INFORMANT <u>Fresh Eitman</u> (ADDRESS) <u>6007 @ Columbia</u>					
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Mo. Crematory</u> DATE <u>10-22-1932</u>					
19. UNDERTAKER (ADDRESS) <u>Henry Heier</u> <u>222 3rd Street</u>					
20. FILED <u>Oct 21 1932</u> <u>Max C. Sturck</u> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 18th, 1932, to Oct 20th, 1932  
I last saw her alive on Oct 19th, 1932. Death is said to have occurred on the date stated above, at S.R. m.  
The principal cause of death and related causes of importance were as follows:  
Bronchopneumonia (acute)  
107A 107B  
Date of onset Oct 11

Other contributory causes of importance: (1)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys. ex. Was there an autopsy? Yes

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 R. B. Sweet Murphy, M. D.  
(Signed) \_\_\_\_\_ (Address) 6120 Victoria Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

