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.

42611

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11754

City St Louis (No. 4200 W San Francisco Ave St. ..... Ward)

2. FULL NAME ~~Mrs. C. Oelschlager~~ Catherine Oelschlaeger

(a) Residence, No. 4200 W. San Francisco 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 HUSBAND OF (OR) WIFE OF: Henry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 12, 1838

7. AGE: YEARS 94 | MONTHS 0 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

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 16

FATHER
13. NAME: Herman Boing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Wm. Cobb 4200 W. San Francisco

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Peter & Paul DATE: Jan 2, 1933

19. UNDERTAKER (ADDRESS): A Kron L & U Co 2707 N Grand Blvd

20. FILED: DEC 30 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

6

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 20, 1932 to December 30, 1932
I last saw her alive on December 29, 1932 Death is said to have occurred on the date stated above, at 1:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
La Grippe - cold in head and chest. Duration - Dec 20-32	
131 A	
94 A	
95 B	

Other contributory causes of importance:
Cardio vascular Renal Disease - Chr.
Mitral Insufficiency (Decompensated) -
Extreme Senility, age 94 - Obesity. ?

Name of operation: none Date of: —
What test confirmed diagnosis? Clinical & Lab. 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) Luke B. Tinnon, M. D.
(Address) 3718 Jennings, Mo.