

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

Do not use this space.

3253

1. PLACE OF DEATH

County..... Registration District No. 7011
 Township..... Primary Registration District No. 1002
 City St. Louis Mo. (No. 4905th Geraldine ave) St. _____ Ward _____

File No. _____
 Registered No. 139

2. FULL NAME

Katherine Stotemann
 (a) Residence, No. 4905th Geraldine Ave. St. Ward 7
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 18 - 1868</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>-</u>
	DAYS <u>15</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.	
	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>St. Louis Mo.</u>		
FATHER	13. NAME <u>Chris Weise</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Edna Stotemann</u> (ADDRESS) <u>4905th Geraldine Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peters</u> DATE <u>Jan 6</u> , 19 <u>33</u>		
19. UNDERTAKER <u>W. J. Leidner M.D. Co</u> (ADDRESS) <u>1117 N. Market St.</u>		
20. FILED <u>Jan 15 1933</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3rd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd, 1933 to Jan 3rd, 1933
 last saw her alive on Jan 13th, 1933. Death is said to have occurred on the date stated above, at 9²⁰ P.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset Jan 3rd 1933

cerebral hemorrhage
82A J 20
 Other contributory causes of importance: none

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? no
 If so, specify _____
 (Signed) W. J. Wilson, M. D.
 (Address) 4106th Pleasant 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.

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