

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

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

Do not use this space.

3257

1. PLACE OF DEATH

County Mo.
Township
City St. Louis

Registration District No. 781
Primary Registration District No. 10132
(No. 4411 , Rosalie Ave

File No.
Registered No. 143
St. Ward

2. FULL NAME

Katharine Wulfensier
(a) Residence, No. 4411 Rosalie St., 7 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 75 yrs. - mos. - ds. How long in U. S., if of foreign birth? 75 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 <u>Herman Wulfensier</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-30-1843</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>89</u>		<u>7</u>	<u>35</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</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>Mechle Germany</u>				
MOTHER	13. NAME <u>Justus Reinhardt</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Christina Brinkmann</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
17. INFORMANT <u>Anas Wulfensier</u> (ADDRESS) <u>4411 Rosalie</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter</u> DATE <u>1/6</u> <u>1933</u>				
19. UNDERTAKER <u>St. Phil. Assn.</u> (ADDRESS) <u>4444 St. Louis</u>				
20. FILED <u>JAN - 5 1933</u> <u>Max J. Standley</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 .1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1932 to Jan 4 1933
I last saw her alive on Jan 3 1933. Death is said to have occurred on the date stated above, at 8:30 A.M.
The principal cause of death and related causes of importance were as follows:
Senility
130
112 130

Other contributory causes of importance:
Nephritis (Acute)

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Leona M. Murray, M. D.
(Address) 3403 N. 14th

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.

