

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

Do not use this space.

3293.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 4001  
 City St. Louis (No. 4983) Nagel Ave

File No.....  
 Registered No. 182  
 St. .... Ward)

**2. FULL NAME**

Katherine Seufert  
 (a) Residence, No. 4983 Nagel Ave St. 2 Ward.

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. (If nonresident, give city or town and State)

**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>Benhard Seufert</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 13 - 1867</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>2</u>
	DAYS <u>23</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>at home</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>John Grau</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mrs H. Sevedge</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcus</u> DATE <u>Jan 9</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Wacker - Galdert</u>		
20. FILED <u>Jan 9 1933</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1933  
 22. I HEREBY CERTIFY That I attended deceased from Jan 1929 to Jan 5th, 1933  
 last saw her alive on Jan 5th, 1933. Death is said to have occurred on the date stated above, at 6 A.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
hypertension  
hypertension  
hypertension  
 Other contributory causes of importance:  
Hydro-nephrosis  
Arteriosclerosis  
Hypertension

Name of operation..... Date of.....  
 What test confirmed diagnosis? Physic. Exam 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? No  
 If so, specify.....  
 (Signed) A. P. Plog, M. D.  
 (Address) 3150 Moynihan Rd

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.

Hydronephrosis  
Cholelithiasis