

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

Do not use this space.

File No. **6492**
Registered No. **7492**
St. _____ Ward _____

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Mason Primary Registration District No. 3079
City Hannibal (No. _____, Levering Hospital St. _____ Ward _____)

2. FULL NAME Kathryn Loehrke

(a) Residence, No. Clay Twnsbp. Ralls Co. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Loehrke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 11, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 4 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
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) Saverton Missouri

13. NAME Ernst Helwig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data Germany

15. MAIDEN NAME Annie Althouse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data Germany

17. INFORMANT Mr. John Loehrke (Husband)
(ADDRESS) R. F. D. Hannibal, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE New London, MO DATE Feb. 28, 1933

19. UNDERTAKER Wm M Smith
(ADDRESS) 1002 Bldg Hospital, Mo

20. FILED 728 1933 106 Cousens
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1933, to Feb 25, 1933

I last saw her alive on Feb 25, 1933. Death is said to have occurred on the date stated above, at 12:30 p. m.

The principal cause of death and related causes of importance were as follows:

Acute cardiac failure
12/21/33
12:30 p.m.

Other contributory causes of importance:
① Toxemia of pregnancy 8 mo
② Chronic tubular nephritis
③ Bronchopneumonia
④ acute myocardial infarction
Name of operation _____ Date of _____
What test confirmed diagnosis chem + path 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 _____, 1933

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) John Richman M. D.
(Address) 1001 Bldg Hospital, Hannibal, Mo

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.

