

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

Do not use this space.

11939 *18*

1. PLACE OF DEATH

County..... Registration District No. *791*
 Township..... Primary Registration District No. *1002*
 City..... St. Louis, Mo. (No. 3626 S. Jefferson) St. Jefferson Ward 18

File No.
 Registered No. **3102**

2. FULL NAME

Katherine Hever
 (a) Residence, No. 3626 S. Jefferson st. 24 Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (late) Chas. Hever

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	83	7	19	

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

13. NAME John Burger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME (Unknown) Schlinn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Arthur Hever 3626 So Jefferson

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia DATE 4-3-1933

19. UNDERTAKER (ADDRESS) Southern Grand Cu 6320 So Grand Cu

20. FILED APR - 3 1933 Max O. Standen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10th, 1932, to Mar 31st, 1933
 I last saw h. ex. alive on Mar. 31st, 1933. Death is said to have occurred on the date stated above, at 3 P. m.

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

Carcinoma of the liver
Primary in the gall bladder
 Other contributory causes of importance:
466

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. H. K. Hepper, M. D.
 (Address) 3801 S. Broadway

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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17/01/32

Dr. Deerpaper
B. B. B. B.

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