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

Do not use this space.

File No. 21261

Registered No. 5043

1. PLACE OF DEATH

County ..... Registration District No. 7001

Township ..... Primary Registration District No. 003

City St Louis (No. 5922 Theodosia St. ..... Ward)

2. FULL NAME Catharine Joedtman

(a) Residence, No. ..... St., 6 Ward. Herman, Mo.
(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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: August Joedtman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 10 - 1845

7. AGE: Years 87 88 | Months 11 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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.:

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): Herman Mo.

FATHER

13. NAME: Rudolph Gates

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER

15. MAIDEN NAME: Dorothy Kattleman

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

17. INFORMANT (ADDRESS): Mrs Geo. Kattleman 5922 Theodosia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Herman Mo DATE 6-11 1933

19. UNDERTAKER (ADDRESS): Bloemer Undt Co. Herman Mo.

20. FILED JUN - 9 1933, 19..... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933 to June 8, 1933

I last saw h. alive on June 9, 1933. Death is said to have occurred on the date stated above, at 1 30 A.m.

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

	Date of onset
Myocarditis Chronic	?
Senile Degeneration	?

Other contributory causes of importance: Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? .....
If so, specify .....

(Signed) Otto Tuttle, M. D.
(Address) 318 Frisco Bldg

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.

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

Dr Otto Lutter
Frisco Bldg.