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

Do not use this space.

File No. 21452
Registered No. 5238

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. [illegible]

City St. Louis, Missouri (No. 3843 a, Iowa St. ..... Ward)

2. FULL NAME Charles G. Kathrinus

(a) Residence, No. 3843a Iowa St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 3 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frieda H. Boedeker Kathrinus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	60	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office

10. Date deceased last worked at this occupation (month and year) March 1933

11. Total time (years) spent in this occupation 32 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER

13. NAME Gustav Kathrinus

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

MOTHER

15. MAIDEN NAME Charlotte Johanning

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

17. INFORMANT Frieda Kathrinus
(ADDRESS) 3843 Iowa Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concordia Cemetery DATE June 17, 1933

19. UNDERTAKER Bedemeier Funeral Home
(ADDRESS) 4936 N Lotis Ave

20. FILED JUN 15 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 19 33 to June 14 1933
I last saw him alive on June 14 1933 Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	4 yrs.
98A	
11A	11A
Other contributory causes of importance:	
Tumor of left side of mouth	1 year

Name of operation ..... Date of .....
(What test confirmed diagnosis? Clinically Lab. 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? No.
If so, specify .....

(Signed) P. Brickbauer M. D.
(Address) 3147 S. Jeff. Ave

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

Rev. [illegible]
3147 S. Jefferson
Pr. 2603.