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

Do not use this space.

30888

File No.

Registered No. 97

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.

OCT 20 1933

1. PLACE OF DEATH
County St Louis — Registration District No. 1166
Township Central — Primary Registration District No. 4470
City University City (No. 7371 Amherst St. ... Ward)

2. FULL NAME Katherine A. Ter Veer

(a) Residence, No. 7371 Amherst St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 – 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	84	3	3	

OCCUPATION

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

FATHER
13. NAME H. Hofman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

17. INFORMANT Mrs Nelson Hagnauer
(ADDRESS) 7371 Amherst

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Alls DATE Sept 7 1933

19. UNDERTAKER H-y Leidner Und Co
(ADDRESS) 1417 N. Market St

20. FILED Sept 6 1933 Lena V. Moeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2nd 1932, to Sept 5th 1933

I last saw her alive on Sept 5 1933 Death is said to have occurred on the date stated above, at 11:20 A.m.

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

Bronchial Pneumonia — 8-31-33

92A
107A

Other contributory causes of importance:

Valvular Disease of Heart — 6-2-32

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) [illegible] M. D.
(Address) 7500 Vandeventer [illegible]

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