

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 3334 Itaska)

Registration District No. 791
Precinct No. 003
Primary Registration District No. 003

File No. 31493
8168
Registered No.
St. Ward)

2. FULL NAME Katherine Michel

(a) Residence, No. 3334 Itaska St. 15 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. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward J. Michel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
73 6 13

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

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) St. Louis, Mo.

13. NAME John Schwarz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Anna Winkel

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

17. INFORMANT (ADDRESS) Katherine Michel
3334 Itaska St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE Sept. 20, 1933

19. UNDERTAKER (ADDRESS) J. Schumacher
5013 Meramec St.

20. FILED 20 1933 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1929, to Sept. 17, 1933

I last saw her alive on Sept. 17, 1933 Death is said to have occurred on the date stated above, at 2:45 p.m.

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

Diabetes mellitus Date of onset 1929

Other contributory causes of importance? 59

Name of operation none Date of.....
What test confirmed diagnosis? Ch. Findings 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) Frank J. Schwarz, M. D.
(Address) 5530 Virginia Ave

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.

UCT 20 1933

ORIGIN RESERVED FOR BINDING

V. S. NO. 2

Dr. Schwartz
Bats & Va