

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.

NOV 10 1933

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

Do not use this space.

32247

1. PLACE OF DEATH 85
 County Buchanan Registration District No. _____
 Township Washington Primary Registration District No. 1001
 City St. Joseph (No. 621 Bon Ton street St. _____ Ward _____)

2. FULL NAME Catherine Raidt
 (a) Residence, No. 621 Bon Ton street St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 84 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 John P. Raidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	89	5	27	

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) Canton Ohio

13. NAME Wolfgang Beck

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

15. MAIDEN NAME Catherine Shericks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown France

17. INFORMANT Mrs S. Ring
 (ADDRESS) 621 Bon Ton at St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery
 PLACE St Joseph Mo. DATE Oct. 12 1933

19. UNDERTAKER H. O. Schuler
 (ADDRESS) 1802 Union St St Joseph Mo.

20. FILED 907 12 1933 John K. Bender
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Fe 2 1933, to Sch 23 1933
 I last saw her alive on Sep 23/33, 19____. Death is said to have occurred on the date stated above, at 7:10A m.
 The principal cause of death and related causes of importance were as follows:
Chronic interstital nephritis; Uremic Coma lasting two days
 Other contributory causes of importance: 131 132 131

Name of operation none Date of _____
 What test confirmed diagnosis Physical Examination 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) Dr. G. M. ... M. D.
 (Address) 825 Charles

