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.

34333

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 789 — File No.

Township Central — Primary Registration District No. 60 333 — Registered No. 307

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Katherine L. Trog

(a) Residence, No. Webster Groves R. 5 St. ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 24 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 Henry G. Trog

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30-1880

7. AGE: YEARS 53 — MONTHS 1 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. at home
10. Date deceased last worked at this occupation (month and year) June 1-1933
11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Mo.

FATHER

13. NAME Henry Wissmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Henry G. Trog
(ADDRESS) Webster Groves R.F.D. #5

18. BURIAL, CREMATION, OR REMOVAL Des Peres Mo.
PLACE St. Pauls Cem. DATE Oct. 22, 1933

19. UNDERTAKER Schrader Funeral Home
(ADDRESS) Ballwin Mo.

20. FILED 10/20, 1933 Joels Bracy M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from December, 1932, to Oct. 18th, 1933

I last saw her alive on Oct. 18, 1933. Death is said to have occurred on the date stated above, at 9:45 P.m.

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

Cancer of descending Colon — Date of onset 1928

46C

Other contributory causes of importance:

Name of operation Resection of bowel Date of 1928

What test confirmed diagnosis? Pathologist 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) Henry Hanson, M. D.

(Address) Kirkwood Mo.