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.

34406

1. PLACE OF DEATH

96 County St Louis Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 B Registered No. 323

City (No. Jefferson Barracks Mo St. Ward)

2. FULL NAME Katherine Guhe

(a) Residence, No. Jefferson Barracks St. Mo Ward.
(Usual place of abode) Box 123 - RFD #8 (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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Guhe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2-1859

7. AGE YEARS 74 MONTHS 8 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

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

10 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Minnie Burtscher Cedar Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Picker DATE Oct 17 1933

19. UNDERTAKER (ADDRESS) Wacker-Helderle 2331 S Broadway

20. FILED Oct. 14 1933 L. C. Obrock Registrar.

MEDICAL CERTIFICATE OF DEATH

2

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933 to Oct 14, 1933

I last saw her alive on Oct 12, 1933. Death is said to have occurred on the date stated above, at 1:20 p.m.

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

Apoplexy

82A

57A

Date of onset

Other contributory causes of importance:

Arthritis Deformans

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?

If so, specify

(Signed) A W Peters, M. D.

(Address) 4145 H S Grand