

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

Do not use this space.

35105

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township **St Louis** Primary Registration District No. **1003**
 City **St Louis** (No. **2209 Missouri Ave**) St. Ward)

File No.....
 Registered No. **9319**
 St. Ward)

2. FULL NAME

(a) Residence, No. **2209 Missouri Ave** St. **23** 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 OR (OR) WIFE OF James J. Cunningham		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17-1867-		
7. AGE	YEARS 65	MONTHS 10
	DAYS 9	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife	
	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)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis		
FATHER	13. NAME John Wetterhoff	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria	
MOTHER	15. MAIDEN NAME Katherine Kovetz	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria	
17. INFORMANT James J. Cunningham (ADDRESS) 2209 Missouri Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Burial Park DATE Oct 30 , 19 33		
19. UNDERTAKER Feltz Bros (ADDRESS) 322 S Lafayette Ave		
20. FILED OCT 29 1933 J. J. Predeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 26**, 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **May**, 19**30**, to **Oct 26**, 19**33**
 I last saw **her** alive on **Oct 26**, 19**33** Death is said to have occurred on the date stated above, at **10:30 P. m.**
 The principal cause of death and related causes of importance were as follows:
Carcinoma Rectum. Date of onset
General carcinoma of
Sept 17
53E
 Other contributory causes of importance: **40**
123B

Name of operation **Colostomy** Date of **1930**
 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 **Engineer a Vogel**, M. D.
 (Signed) **3132 Chester**
 (Address)

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

235-1-33

WRITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. Vogel.
3134 Cherokee St