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

Do not use this space.

35130

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9344

City St. Louis, Mo. (No. 911, Dover Pl St. ..... Ward)

2. FULL NAME Katherine Mund

(a) Residence, No. 911 Dover St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Dietrich Mund

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 3, 1874

7. AGE: YEARS 59 | MONTHS — | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hsw f
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, Mo

FATHER
13. NAME: Christie Felsch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Wilemena Hirsch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Dietrich Mund 911 Dover Pl

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sun Set DATE: Oct 31, 1933

19. UNDERTAKER (ADDRESS): Southern Und Co 6320 S Grand

20. FILED: OCT 30 1933 19 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1933, to Oct 29, 1933
I last saw her alive on Oct 28, 1933 Death is said to have occurred on the date stated above, at 2:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	2 yrs ago
50	
53E	

Other contributory causes of importance:

General carcinomatosis	1 yr.

Name of operation: Amputation R. breast Date of: May 1932
What test confirmed diagnosis? Clinical 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) Roy C Wimpps, M. D.
(Address) 7702 Ivory

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