

WHITE PAPER, 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.

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

Do not use this space. 42223-83

#13454

1. PLACE OF DEATH
County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis Mo. (No.) St. Ward) **198**

2. FULL NAME Katie Klutz
(a) Residence, No. City of St. Louis St., 13 Ward. (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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 87 ? ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wf.
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.....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/20, 19 33
22. I HEREBY CERTIFY, That I attended deceased from July 27, 1933 to Dec 20, 1933
I last saw her alive on Dec 20, 1933 Death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:
Senility
Date of onset
107A
162
107A

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

MOTHER
13. NAME Gottlieb Wolber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Marie Sward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
17. INFORMANT (ADDRESS) Jordan City, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 12-28 1933

19. UNDERTAKER (ADDRESS) Walter Richter 3520 Rutger St
20. FILED J. B. Beck Registrar.

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) Sal Weisman, M. D.
(Address) Isolation Hosp

