

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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 4573) Arco St. Ward

File No. **10859**
Registered No. **2706**

2. FULL NAME

Ottilia Kurgadofer
(a) Residence, No. 4573 Arco St. 18 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Kurgadofer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8 - 1839
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
94 4 8

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany
13. NAME Ignatz Brutsche
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

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

17. INFORMANT Bora Kurgadofer (ADDRESS) 4573 Arco Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Western Lutheran Ch. DATE March 19 1934

19. UNDERTAKER Beidmieder Funeral Home, Inc. (ADDRESS) 1936 Selanis Ave

20. FILED MAR 18 1934 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1933, to Mar 16, 1934
I last saw her alive on 3/16, 1934 Death is said to have occurred on the date stated above, at 5:55 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Myocardial degeneration
Endocarditis chronic
Date of onset

Other contributory causes of importance:
Osteoarthritis
Arteriosclerosis
Senility
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) W. C. Lodes, M. D.
(Address) 7310 Michigan

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