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

Do not use this space.

11029

File No. 2888

Registered No.

APR 25 1934

1. PLACE OF DEATH

County

Registration District No. 791

Primary Registration District No. 1003

Township

City St Louis Mo (No. 5951, Page Ave St. Ward)

2. FULL NAME Frederika Koetter

(a) Residence, No. 5951 Page St., 6 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 - 1852

7. AGE: Years 81. Months 2. Days 20. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) St Louis Mo.

FATHER

13. NAME Henry Lunta

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

MOTHER

15. MAIDEN NAME Frederika Fimann

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

17. INFORMANT Mrs A. E. Koetter
(ADDRESS) 5951 Page Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters Cem DATE 3/29 1934

19. UNDERTAKER Edith E. Embuster
(ADDRESS) 4224 Manchester Ave.

20. FILED MAR 22 1934 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3 - 16 -, 1934, to 3 - 21 -, 1934

I last saw her alive on 3 - 21, 1934. Death is said to have occurred on the date stated above, at 2.15 P.m.

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

	Date of onset
Dysentery Bacillary chronic	
133	
1531	

Other contributory causes of importance:

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) C. E. Cochran, M. D.

(Address) 1502 N Union Blvd

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.