

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 6033B
 City St. Johns (No. 8711, Caroline) St. _____ Ward _____

File No. 21762
 Registered No. 185

2. FULL NAME

Katherine Sullender
 (a) Residence, No. 8711 Caroline St. _____ Ward _____
 (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. (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 Louis A. Sullender
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 1855
 7. AGE YEARS 78 MONTHS 3 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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) Jan 1932 11. Total time (years) spent in this occupation 85 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur Alabama

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Samuel Sullender (ADDRESS) Wood & Jackson ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE July 2 1934

19. UNDERTAKER Baumann Bros and Co Inc (ADDRESS) 2514 Woodson Rd memorial ave

20. FILED 6-30- 1934 W.A. Baehmer Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1934

22. I HEREBY CERTIFY, That I attended deceased from June 2 1934, to June 9, 1934
 I last saw her alive on June 29, 1934. Death is said to have occurred on the date stated above, at 11:59 a.m.

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

Terminal Pneumonia
131
102
102
 Other contributory causes of importance: Chronic Interstitial nephritis
Hypertension

Date of onset 2-26-34
1930

Name of operation None 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 _____

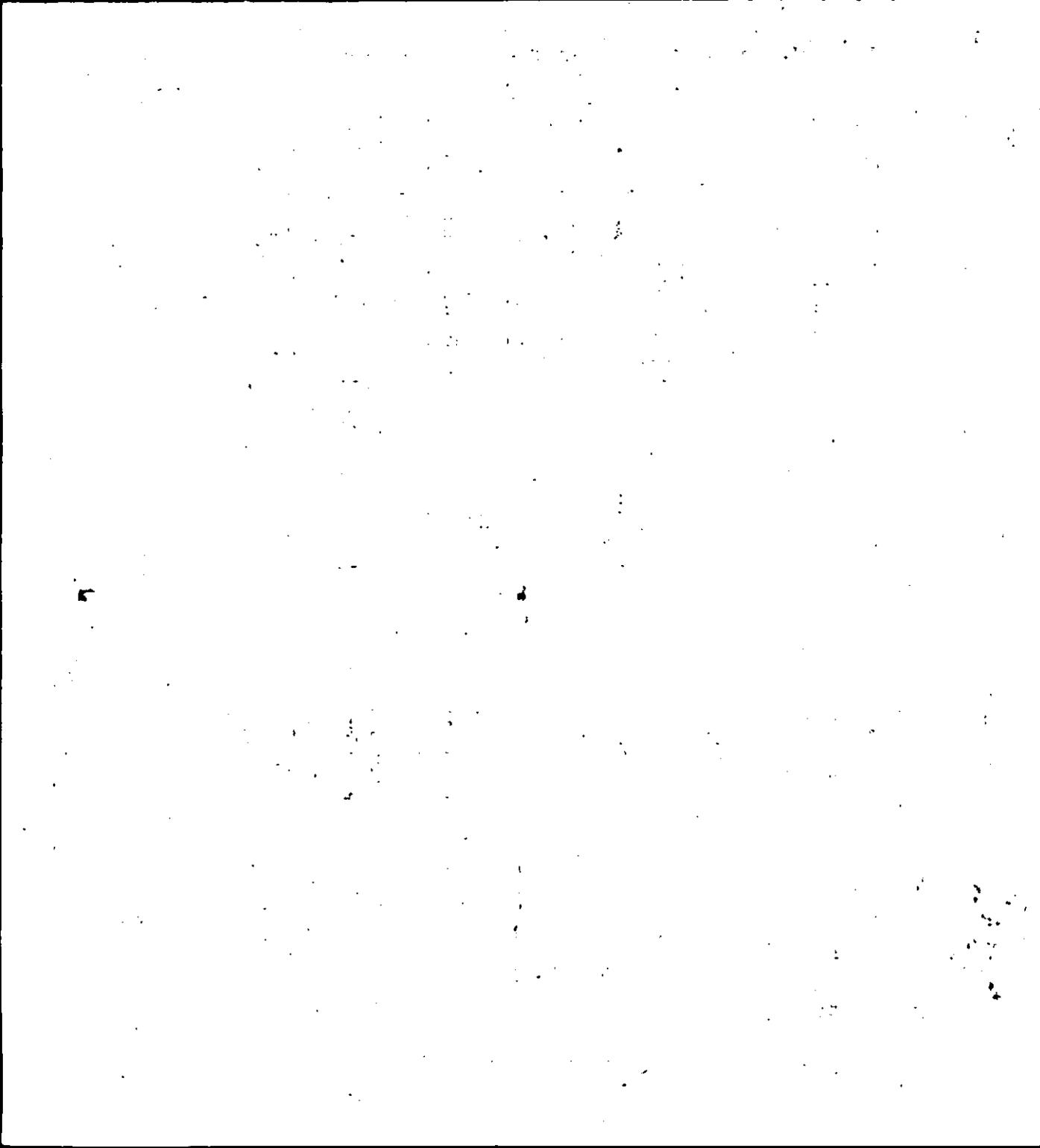
24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Ray H. Walker, M. D.
 (Address) Overland 2201

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.

JUL 21 1934

21
22
23



St Louis Co

WASHINGTON 21761

185

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Katherine Pullender
Who died at _____ on June 29 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 78 Months 3 Days 28

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Territorial Pneumonia Month _____ Year _____
Birthplace (State or country) Broncho Pneumonia
Birthplace of father (State or country) _____
Birthplace of mother (State or country) Cher Interest neptubis
Principal cause of death: Hypertension

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician Roy A. Walker
Address of physician Overland mo

X Signature of Registrar H. A. Bachner Date filed _____
This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 789

Very truly yours,
E. T. McGaugh
State Registrar
Special Agent.

Primary Reg. Dist. No. 6033

