

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

Do not use this space.

26639

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1791  
 Township St. Louis Primary Registration District No. 1003  
 City St. Louis (No. 4117<sup>a</sup>, Shreve Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 6810  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 4117<sup>a</sup> Shreve Ave St. 7 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**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15-1871</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>11</u>
	DAYS <u>05</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>St. Louis Mo</u>		
MOTHER / FATHER	13. NAME <u>John Tuest</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Catherine Dutmann</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Frank J. Galt</u> (ADDRESS) <u>4117<sup>a</sup> Shreve Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>July 13<sup>th</sup> 1934</u>		
19. UNDERTAKER (ADDRESS) <u>St. Louis</u> <u>400 Natural Bridge Ave</u>		
20. FILED <u>LL 11 1934</u> <u>J. W. Redick</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1932 to July 10, 1934  
 I last saw her alive on July 10<sup>th</sup>, 1934. Death is said to have occurred on the date stated above, at 12:25 m.  
 The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset 9 yrs  
Diabetic Coma Insulin  
Internal (Probably Gastric) Hemorrhage July 4 1932  
Sanguineous Feet

Other contributory causes of importance none  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chinoid Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? no  
 (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) W. J. Henderson, M. D.  
 (Address) 4126<sup>a</sup> Shreve Ave

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.

AUG 15 1934

