

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

Do not use this space.

OCT 1 1 1934

34315

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis (No. 3225 Shen 1003 a St St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 9107

**2. FULL NAME**

Katherine Sebastian  
 (a) Residence, No. 3225 Shenandoah St., 17 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 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 Frank Sebastian  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17-1840  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
94 6 24  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
 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) Germany  
 13. NAME Unknown Roth  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Emma G. Sunmell  
3225 Shenandoah

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE Sept 13 1934

19. UNDERTAKER (ADDRESS) Wacker - Belderle  
2331 1/2 Broadway

20. FILED 10 1934 J. Brebeck Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1930, to Sept 11, 1934  
 I last saw him alive on Sept 11, 1934. Death is said to have occurred on the date stated above, at 11:15 am.

The principal cause of death and related causes of importance were as follows:  
131  
131  
Chronic Myocarditis 1924  
 Other contributory causes of importance:  
Chronic Diffuse Nephritis 1924  
Sclerosis

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? no.  
 If so, specify.....  
 (Signed) Orca H. Angelis, M. D.  
 (Address) 3115 S. Main

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

