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.

100M-11-24-33

JAN 14 1935

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

Do not use this space.

44529

1. PLACE OF DEATH

County ..... Registration District No. 751 1008 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11637

City St Louis (No. Central Hospital St. ..... Ward)

2. FULL NAME Katherine Zeisler

(a) Residence, No. 4847 Fountain Ave St., 12 Ward. (If nonresident, give city or town and State)
(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.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 17 - 1866

7. AGE: YEARS 68 | MONTHS 0 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): St Louis Missouri

FATHER
13. NAME: Louis Sudheimer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Marie Kern 4847 Fountain Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Cem. DATE Dec 8 1934

19. UNDERTAKER (ADDRESS): Hy Leidner Und. Co. 1417 N. Market St.

20. FILED DEC -8 1934 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 6th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6th AM, 19..., to Dec 6 - PM, 1934
I last saw her alive on Dec 6th, 1934. Death is said to have occurred on the date stated above, at 3:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Umbilical Hernia	12/2/34

Other contributory causes of importance:

Name of operation Herniotomy Date of Dec 6/34
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) John D Hayward M. D.
(Address) 815 Metropolitan Bldg St Louis Mo

2 - 4 P.M.