

MAR 8 1935

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

Do not use this space.

6674

**1. PLACE OF DEATH**

County St. Gen.  
Township Ste Genevieve  
City (No. ....) (No. ....) St. .... Ward)

Registration District No. 780  
Primary Registration District No. 6025-

File No. ....  
Registered No. 12

**2. FULL NAME**Katie Echenfeldt

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 4 mos. 23 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
61 4 23

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. ....

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) Zell Missouri

13. NAME Anton Braun

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

15. MAIDEN NAME Mary Eva Jacob

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lempville Kentucky

17. INFORMANT (ADDRESS) Herman Echenfeldt Ste Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Zell Mo DATE Feb 23 1935

19. UNDERTAKER (ADDRESS) W. C. Butler Ste Genevieve Mo

20. FILED Feb 22 1935 T.W. Douglas Registrar.

**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1935

22. I HEREBY CERTIFY, That I attended deceased from July 19 1920, to Feb 27 1935

Last saw h. e. r. alive on Feb 27 1935 Death is said

to have occurred on the date stated above, at 7:55 A.M.

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

Exophthalmic Goiter  
Chronic Toxic Myocarditis  
Intermyocardial Aneurysm  
General Anemia

Date of onset 1920?

Other contributory causes of importance: Pneumonia (terminal) 2/20/35

Name of operation None Date of .....

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? No

If so, specify .....

(Signed) R. L. Lanning, M. D.

(Address) Ste Genevieve Mo

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.

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