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.

MAY 13 1935

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

Do not use this space.

15043

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

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

File No. .....

Registered No. 3926

2. FULL NAME Katherine Feldewerth

(a) Residence, No. 4038 California Ave. St., 15 Ward.
(Usual place of abode)

(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): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louis S. Feldewerth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1890.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
44	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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, Mo.

FATHER

13. NAME Fred Meister.

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

MOTHER

15. MAIDEN NAME Louise Feldmann.

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

17. INFORMANT (ADDRESS) Dorothy Feldwerth 4038 California Ave.

18. BURIAL, CREMATION, OR REMOVAL

New PLACE SS. Peter & Paul DATE May 1, 1935.

19. UNDERTAKER (ADDRESS) J. N. Gebken L & U Co. 2842 Meramec St.

20. FILED APR 30 1935, 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 18th, 1935, to April 29th, 1935

I last saw her alive on April 29th, 1935. Death is said to have occurred on the date stated above, at 2.40 P.M.

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

	Date of onset
Acute generalized Peritonitis	4/18/35
Other contributory causes of importance: Acute perforated diffuse Appendicitis	4/18/35

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Name of operation Appendectomy Date of 4/19/35

What test confirmed diagnosis? Physical Laboratory Was there an autopsy? yes

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) [signature] M. D.

(Address) 3548 S. Grand Blvd.