

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

Do not use this space.

15213

JUN 4 1935

1. PLACE OF DEATH

County St. Louis Registration District No. 117.0
 Township Central Primary Registration District No. 6248H
 City Richmond Heights Mary's Hospital St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5662 Waterman St. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dr. H. Grumson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 2 - 1869</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>11</u>
	DAYS <u>15</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) St. Louis
 (STATE OR COUNTRY) Mo.

13. NAME Louise Kuttner

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

15. MAIDEN NAME Lottie Kuttner (nee)

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

17. INFORMANT Walter Grumson
 (ADDRESS) 5662 Waterman

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Sinai Cem. DATE 4-19 1935

19. UNDERTAKER H. Pindskoff
 (ADDRESS) 5216 Daleway

20. FILED April 19 1935 Gertrude Porter
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17 - 1935

I HEREBY CERTIFY, that I attended deceased from Mar 29 1935 to Apr 17 1935
 I last saw her alive on Apr 18 1935. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Peritonitis due to acute obstruction of small bowels - internal hernia
 Other contributory causes of importance:
Shock of operation
Shock of operation
Shock of operation
 Name of operation Small Bowel Resection Date of operation Apr 16
 What test confirmed diagnosis? Operation 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) Walter Grumson, M. D.
 (Address) _____

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.

