

WHITE PRINTING, 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.

JAN 18 1936

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

Do not use this space.

41106

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1073**
City **St. Louis** (No. **4016 Labadie**) St. Ward (.....)

File No.
Registered No. **10313**

2. FULL NAME **KATHARINE SUNDER**

(a) Residence, No. **4016 Labadie** ave St. **10** 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) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 22nd 1872		
7. AGE YEARS 63	MONTHS 2	DAYS 14
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Seaman		
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		
13. NAME George sunder		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY		
15. MAIDEN NAME Elisabeth Feldmeier		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY		
17. INFORMANT Margareth Figgemeier (ADDRESS) 4030 Labadie Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary CEMETERY DATE Dec 9th 1935		
19. UNDERTAKER Edward Koch (ADDRESS) 3516 N 44th St		
20. FILED DEC -7 1935 19 J. Bredecke Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-6** 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **Mar 22** 19**35** to **Dec 6** 19**35**
I last saw h. or alive on **Dec 6** 19**35** Death is said to have occurred on the date stated above, at **8:45** a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Other contributory causes of importance: **Cholelithiasis**
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?
If so, specify
(Signed) **Wm A. Flouge** M. D.
(Address) **861 1/2 Waverly Ave**

