FEB 11 1936

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

Do not use this space.

3304

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. 4435 Tennessee Ave. St. ..... Ward)

File No. 533

Registered No. .....

2. FULL NAME Catherine Woltering

(a) Residence, No. 4435 Tennessee 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: John H. Woltering

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 6, 1861.

7. AGE: YEARS 74 | MONTHS 7~~6~~ | DAYS ~~29~~ 6 | If LESS than 1 day, ... hrs. or ..... min.

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. hwf

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: Andreas Wiebler.

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

MOTHER

15. MAIDEN NAME: Clara Wueker.

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

17. INFORMANT (ADDRESS): Joseph W Woltering 4435 Tennessee Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE Jan. 15, 1935.

19. UNDERTAKER (ADDRESS): J. H. Gebken L & A Co. 2842 Meramec St.

20. FILED JAN 14 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1933, to Jan. 12, 1936

I last saw her alive on Jan 12, 1936. Death is said to have occurred on the date stated above, at 9 45 P. m.

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

	Date of onset
Influenza	12/31/36

108

Other contributory causes of importance:

Pneumonia right lobar	1-8-36
Nephritis chronic	1933

Name of operation none Date of —

What test confirmed diagnosis? None 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 no

(Signed) A. H. Cleveland, M. D.

(Address) 3326 Meramec St

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.