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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

MAY 27 1936

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH 1508 Watson St.
County St. Charles — Registration District No. 757 — File No. 16589
Township ~~St. Charles~~ — Primary Registration District No. 3036 — Registered No. 60
City St. Charles (No. ..... , ... St. ..... Ward)

2. FULL NAME Katherina Massmann
(a) Residence, No. ..... St., ... Ward. New Melle, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 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) Nov. 2, 1880

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
55	5	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house-work
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) Sept. 1935
11. Total time (years) spent in this occupation 18 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Melle Missouri

FATHER
13. NAME Carl Massmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Weinrich
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dutzow Missouri

17. INFORMANT (ADDRESS) Miss Martha Massmann R. R. 1 Wentzville, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE New Melle, Mo. Lutheran Cem. DATE April 9, 1936

19. UNDERTAKER (ADDRESS) Steinbrinker Undertaking Co. St. Charles, Mo.

20. FILED 4/8, 1936 Clarence G. Wessler Registrar A

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1935, to April 5, 1936
I last saw her alive on April 5, 1936. Death is said to have occurred on the date stated above, at 6:10 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus — Date of onset from History Aug 1935

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Other contributory causes of importance:

Name of operation Colostomy Date of Nov 18 1935
What test confirmed diagnosis? Microscopic 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) T. L. Kardine, M. D.
(Address) St. Charles, Mo.