

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.

SEP 21 1936

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

Do not use this space.

30527

1. PLACE OF DEATH

County S.A.S. CONRDE
Township B.O.F.H.F.
City (No., St., Ward

Registration District No. 306
Primary Registration District No. 5424

File No.
Registered No. 7

2. FULL NAME CATHERINA KARSTEDT

(a) Residence, No. St. Ward

(Usual place of abode) Length of residence in city or town where death occurred 65 yrs. — mos. — ds. How long in U. S., if of foreign birth? 78 yrs. 6 mos. 3 ds. (If nonresident, give city or town and State)

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 CHRISTIAN KARSTEDT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 25-1844

7. AGE YEARS 92 MONTHS 6 DAYS 3 If LESS than 1 day, hrs. or min.

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

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) GERMANY

13. NAME PHILIPP MUELLER

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

15. MAIDEN NAME CATHERINA MUTZ

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

17. INFORMANT E. G. Karstedt (ADDRESS) Rosebud 200

18. BURIAL, CREMATION, OR REMOVAL PLACE STONY HILL DATE AUG. 30 1936

19. UNDERTAKER HERMIE BLUNTER (ADDRESS) BERG ST. 120

20. FILED Aug. 29 1936 John Engelbrecht Registrar

MEDICAL CERTIFICATE OF DEATH 3 PM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 28 1936

22. I HEREBY CERTIFY That I attended deceased from Mar. 27 1936 to Aug. 28 1936
I last saw her alive on Aug. 28 1936 Death is said to have occurred on the date stated above, at 3 P. m.

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

arteriosclerosis
Date of onset 1936
known

Other contributory causes of importance:
Enlargement of liver but not emphysema

Name of operation Physical Date of
What test confirmed diagnosis? Physical 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? No

If so, specify
(Signed) John Engelbrecht, M. D.
(Address) Stony Hill, Mo.

