

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 3551, Henrietta)

File No. 8631
Registered No. 2089
St. Ward

2. FULL NAME KATHERINE U. WRISBERG

(a) Residence, No. 3551 Henrietta St., 17 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident, give city or town and State)
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 William C.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 11 5

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. At Home

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 George Rehm

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

15. MAIDEN NAME Catherine Hanscher

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

17. INFORMANT George O. Wrisberg (ADDRESS) 3551 Henrietta Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Old St. Marcus DATE Feb 22 1937

19. UNDERTAKER Anton L & W Co (ADDRESS) Grand Blvd.

20. FILED FEB 19 1937 19 J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18-37 .1922. I HEREBY CERTIFY, that I attended deceased from February 17, 1937, to February 18, 1937

I last saw h. in life on February 18, 1937. Death is said to have occurred on the date stated above, at 3:30 P. M.

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

Chronic MyocarditisDate of onset 2

Other contributory causes of importance:

Hypertension
General Arteriosclerosis22

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) H. Louis Schuchat, M. D.(Address) 2200 Chouteau av.

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.

899

