

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

Do not use this space.

1. PLACE OF DEATH Mo. 8 1937

County.....

Registration District No.....

791

22465

Township.....

Primary Registration District No.....

1008

File No.....

6217

City St. Louis Mo. (No. 3159 Nebraska Ave)

St. 2 Ward

Registered No.....

2. FULL NAME Katherine Rinderer

(a) Residence, No. 3159 Nebraska Ave St. 24 Ward.

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? 52 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26th 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alfred Rinderer

22. I HEREBY CERTIFY, That I attended deceased from June 17th 1937, to June 26 / 1937

I last saw her alive on June 26, 1937 Death is said to have occurred on the date stated above, at 11⁰⁰A m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5. 1872

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 6 21

Hodgkin's Disease Date of onset 6/17/37

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

(Lymphadenoma) plus

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.....

Other contributory causes of importance:
Chronic Myocarditis Date of onset 6/17/27 plus

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

13. NAME John Tripp

Name of operation None Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME Katherine Rueh

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide?..... Date of injury....., 19.....

17. INFORMANT Alfred Rinderer (ADDRESS) 3159 Nebraska Ave

Where did injury occur?..... (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE New S. S. Peter & Paul June 29, 37

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER Shortkutt's (ADDRESS) 2906 Gravois Ave.

Manner of injury.....

20. FILED JUN 27 1937 J. Bredeck Registrar.

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Hubert P. Smith M. D. (Address) 5205^a Chippewa St.

WRITE PLAINLY WITH UNBOLDING INK—THIS IS IMPORTANT. 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

5200

157

1000