

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.

Do not use this space.

AUG - 5 1937

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

25813

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo (No. 1918a Palm st. Registration District No. 791
Primary Registration District No. 1003 File No. 25813
Registered No. 6987 St. _____ Ward _____)

2. FULL NAME Katie Oldendorph

(a) Residence, No. 1918a Palm St. St. 26 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 26, 1874</u>				
7. AGE YEARS <u>62</u>	YEARS <u>63</u>	MONTHS <u>3</u>	DAYS <u>25</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>			
	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)			
MOTHER	11. Total time (years) spent in this occupation			
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
	13. NAME <u>Henry Oldendorph</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
FATHER	15. MAIDEN NAME <u>Laura Lich</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo</u>			
	17. INFORMANT <u>Arnold J. Oldendorph</u> (ADDRESS) <u>1918a Palm St.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Waterloo, Ill</u> DATE <u>July 23, 1937</u>				
19. UNDERTAKER (ADDRESS) <u>Adrian L. W. Se...</u>				
20. FILED <u>111 23 1937</u> <u>J. T. Bredeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1937, to July 21, 1937
I last saw her alive on July 21, 1937 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:
myocarditis chronic
chronic nephritis
uremia

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) Joseph Bell, M. D.
(Address) 3636 Webster

0009

