

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

32749  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **1003**  
(b) Township ..... Primary Registration District No. ....  
(c) City **St. Louis, Mo.** (d) Street No. **914 Tyler Hospital #1** Registered No. **8803**  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**Mrs. Katherine Hongsemeyer**

(a) Residence, No. **914 Tyler St.** St. **26**  
(Usual place of abode, if no street address, write county or city) (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 **the late Wm. Hongsemeyer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 21st. 1867**  
AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**70 5 28**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework at home**  
9. Industry or business in which work was done, as 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**

FATHER 13. NAME **Henry Steinkamp**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Wm. Hongsemeyer**  
(ADDRESS) **914 Tyler St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Zions' Cem.** DATE **9-22-37**

19. FUNERAL DIRECTOR **Henry Ludwig H. Co.**  
(ADDRESS) **1741 N. Market St.**

20. FILED **SEP 21 1937** **J. Bredeck**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **S ept-19-37**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19.....

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at..... m.

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

**Fracture of the left Hip**  
**suffered when she had a dizzy spell and fell to the floor at her home 914 Tyler St on July 14 1937 about 2:15 p.m.**  
Other contributory causes of importance:  
**arterio-sclerosis**

Name of operation **arterio-sclerosis** Date of operation  
What test confirmed diagnosis? Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **Accident** Date of injury **9/14 1937**  
Where did injury occur? **St. Louis** (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. **Home**

Manner of injury **SEE ABOVE**  
Nature of injury **SEE ABOVE**

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify  
(Signed) **Joseph M. Green** M.D.  
(Address) **Capital Comm**

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.

10-10-8778

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed John P. Buchholz  
Licensed Embalmer No. 1674

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**