

DEC 13 1937

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

39571

Do not use this space.

Registered No. 10558

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Deaconess Hospital**
(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

Catherine Kiep

(a) Residence, No. **2165 Salisbury 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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Bernard Kiep**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 17, 1867**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 69 11 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **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**13. NAME **John Otten**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Dont Know**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know**17. INFORMANT (ADDRESS) **Mrs. George Alexander 5817 Waterman Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Nov. 15, 1937**19. FUNERAL DIRECTOR (ADDRESS) **Cullinane Bros. 1710 N. Grand Blvd.**20. FILED **NOV 14 1937** **G. J. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 13, 1937**22. I HEREBY CERTIFY That I attended deceased from **Nov. 8**, 19**37**, to **Nov. 13**, 19**37**I last saw him alive on **Nov. 12**, 19**37**. Death is said to have occurred on the date stated above, at **3.55am**

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

Myocardial embolism (Post-operative)Date of onset **11-12-37**

Other contributory causes of importance:

Large inguinal hernia 1907**Chronic Myocarditis ?****Arteriosclerosis 1920?**Name of operation **Hemiotomy** Date of **11-12-37**What test confirmed diagnosis? **operative findings** there an autopsy? **yes**

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) **G. J. Bredeck** M. D.(Address) **2435 N. Grand Ave.**

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.

OCCUPATION

FATHER

MOTHER

877-101291

STATEMENT BY LICENSED EMBALMER

I, Fred Trick, Licensed Embalmer No. 3186

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____
working under my personal supervision.

Signed Fred Trick, Registered Apprentice No. _____
Licensed Embalmer No. 3186

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.)