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

39798
Do not use this space.

DEC 13 1937

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003 791 2 1
(b) Township ..... Primary Registration District No. ..... Registered No. 10785
(c) City St. Louis (d) Street No. 3714 Bates St. St.
(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 Caroline Kutz
(a) Residence, No. 3714 Bates St St. 1
(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: Albert J. Kutz,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 23, 1896

7. AGE: YEARS 41 | MONTHS 2 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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): St. Louis, Mo.

FATHER
13. NAME: Henry Fessley,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Elise Courleux
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Albert Kutz, 3714 Bates St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS Peter&Paul DATE Nov. 24 1937

19. FUNERAL DIRECTOR (ADDRESS): Wacker- Helderle 2331 S. Broadway

20. FILED NOV 23 1937 19 J. H. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1936, to Nov 20, 1937
I last saw her alive on Nov 20, 1937. Death is said to have occurred on the date stated above, at 6:30 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus & adnexia with metastasis into heart & upper jaw	about Aug 1936

Other contributory causes of importance: none

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Name of operation: Xray & Radium Date of Feb 6/37
What test confirmed diagnosis? Laboratory 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? .....
If so, specify .....
(Signed) Albert J. Griot, M. D.
(Address) 3109 S. Grand Blvd. St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, Robert Cowheele, Licensed Embalmer No. 2128

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

L. E.

No. 2128 or by, Registered Apprentice No.

working under my personal supervision.

Signed Robert Cowheele

Licensed Embalmer No. 2128

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.)