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.

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

Do not use this space.

DEC'D AUG 12 1938

791

23369

1. PLACE OF DEATH

County ..... Registration District No. 1008 File No. 23369

Township ..... Primary Registration District No. ..... Registered No. 6063

City St Louis (No. Lutheran Hospitsl St. ..... Ward)

2. FULL NAME Katherine Dette 300

(a) Residence, No. 3018 Glasgow Place St., 21 Ward.
(Usual place of abode) (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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Ch Widowedtte

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas F Dette

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14 1852

7. AGE YEARS 85 MONTHS 7 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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

FATHER

13. NAME Adam Bode

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

MOTHER

15. MAIDEN NAME Anna Engel

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

17. INFORMANT (ADDRESS) Melchior Wagner 7031 Tulane Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cem DATE July 8 1938

19. UNDERTAKER (ADDRESS) Beiderwieden Funl Home Inc 1936 St Louis Ave

20. FILED AUG 7 1938 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/1/38, 19, to 7/6/38, 19

I last saw her alive on 7/6/38, 19 Death is said to have occurred on the date stated above, at 1:10 A.m.

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

	Date of onset
Pernicious Anemia	1937

Other contributory causes of importance:

Name of operation ..... Date of .....

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) Thos. H. Hanser, M. D.

(Address) 3651 Grandel Sq.

Em blank signe
&P