

REC'D FEB 10 1939

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

150
Do not use this space.

1. PLACE OF DEATH

- (a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003** Registered No. **150**
(c) City **Saint Louis, Missouri** (d) Street No. **Deaconess Hospital** 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

- 530** **Katherine Demuth,**
(a) Residence, No. **3426 Indiana Ave.** St. **24**
(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 **Charles H. Demuth,**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **November 3rd, 1868**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 29

- OCCUPATION 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) **Illinois**

- FATHER 13. NAME **Conrad Weilmunster**
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 **George E. Zilch,**
(ADDRESS) **4735 Hanover Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus Cem.** DATE **January 5, 1939**

19. FUNERAL DIRECTOR **Zegerheim Bros.**
(ADDRESS) **2623 Cherokee Street.**

20. FILED **4 1939** **J. D. Breda** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 2nd, 1939**
22. I HEREBY CERTIFY, That I attended deceased from **March 2nd, 1926**, to **January 2nd, 1939**
I last saw her alive on **January 2, 1939**. Death is said to have occurred on the date stated above, at **6:10 A.M.**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Deabetes Mellitus
Chronic Intestinal Myopathy
Emphysema of Lungs
Date of onset **6 mo**
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? **Wasserman** Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **no** Date of injury **none**, 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) **K. J. Miller, M. D.**
(Address) **2603 Cherokee St**

STATEMENT BY LICENSED EMBALMER

I, Vearyl E. Morris., Licensed Embalmer No. 3360.

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 VE Morris

Licensed Embalmer No. 3360.

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.)