

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.

25136

1. PLACE OF DEATH

County.....

Registration District No. 791

File No. ....

Township.....

Primary Registration District No. 0003

Registered No. 7341

City St. Louis

(No. Lutheran Hospital St. Ward)

2. FULL NAME

Katherine E. Kuettel

(a) Residence, No. 3837 A. S. Compton St. 16 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth 10 yrs. mos. ds.

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 Kuettel

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

Dec 22, 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, .... hrs.

or .... min.

51

6

29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Cook at

(b) General nature of industry business, or establishment in which employed (or employer)

Scruggs Hardware

(c) Name of employer

Barney D. G. Co.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Henry Frank

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Louise Grose

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address) 3837 A. S. Compton St.

15.

FILED

22 1933

Max C. Parker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR)

July 21 - 1930

17. PHYSICIAN IN ATTENDANCE

I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

that I last saw him alive on, 19, and that

death occurred, on the date stated above, at 10:35 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

General Septicaemia following Thrombosis of iliac artery with resulting gangrene of lower extremities

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

99A

99B

DID AN OPERATION PRECEDE DEATH? DATE OF

26

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Peters, M.D.

Address) 1215 S. 1st St.

\*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state

(1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or

HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

New St. Peter's Paul July 23 1930

20. UNDERTAKER

ADDRESS

Thos. Kutis 1215 S. 1st St.

