

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

Do not use this space.

43508

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St Louis Mo (No. 1712 N. 13th St)
 File No. Registered No. 12829
 St. Ward)

2. FULL NAME

Katherine Leich
 (a) Residence. No. 1712 N. 13th St St. 26 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, — hrs. or — min.
<u>About 72</u>				

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work..... Housework 13¹
 (b) General nature of industry, business, or establishment in which employed (or employer)..... 1068
 (c) Name of employer

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

10. NAME OF FATHER John Alt

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Germany
 (STATE OR COUNTRY)

14. INFORMANT Louis Leich
 (Address) 1712 N. 13th St.

15. FILED DEC 28 1928 REG. W. E. Stanley

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 19 1928, to Dec 26 1928 that I last saw h. er alive on Dec 25, 1928, and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute Bronchitis non Tubercular

CONTRIBUTORY chronic nephritis (duration) yrs. mos. 7 da.
 (SECONDARY) (duration) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) George Mueller M. D.
Dec 27, 1928 (Address) 1502 St Louis av

*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 St Peters DATE OF BURIAL Dec 29 19 28

20. UNDERTAKER Hy Leidner Und Co. St. Market St ADDRESS 1417

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

