

JAN 10 1938

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

42922
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **7911²**
 (b) Township Primary Registration District No. **1008** Registered No. **11172**
 (c) City **St. Louis** (d) Street No. **15 Vandeventer Place** 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 **Camilla Catlin**

(a) Residence, No. **15 Vandeventer Place** St. **11** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 **Ephron Catlin**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 26th 1851**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 **1** **7**

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 **21**

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Missouri**

FATHER
 13. NAME **Henry Kayser**
 14. BIRTHPLACE (CITY OR TOWN) **Germany**
 (STATE OR COUNTRY) **10**

MOTHER
 15. MAIDEN NAME **Emily Lassen**
 16. BIRTHPLACE (CITY OR TOWN) **Copenhagen**
 (STATE OR COUNTRY) **Denmark** **24**

17. INFORMANT **Ephron Catlin Jr.**
 (ADDRESS) **49 E. 86th St. N.Y. City**

18. BURIAL PLACE **Bellefontaine** DATE **Dec 4th** **37**

19. FUNERAL DIRECTOR **Wagoner Undertaking Co.**
 (ADDRESS) **3621 Olive Street.**

20. FILED **DEC 4 1937** **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 3** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 28**, 19**37**, to **Dec 3**, 19**37**

I last saw her alive on **Dec 3**, 19**37**. Death is said to have occurred on the date stated above, at **5:50** pm.

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

Broncho pneumonia
Choron myocarditis
Choron nephritis
Choron arterio sclerosis

Date of onset **Nov 28**
10 years ago

Other contributory causes of importance:

Name of operation **131** Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19**37**

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? **No**
 If so, specify

(Signed) **Walter Finkel**, M. D.
 (Address) **3720 Washington**

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.

STATEMENT BY LICENSED EMBALMER

I, Walter King, Licensed Embalmer No. 3563

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Walter King
Licensed Embalmer No. 3563

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.)