

REC'D FEB 10 1939

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

409  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... / Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City St. Louis (d) Street No. Faith 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 65 yrs. 8 mos. 18 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Kate Rhedemeyer

(a) Residence, No. 3404 Klein St. St. **26** (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 Widow of Julius Rhedemeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 8 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) St. Louis  
(STATE OR COUNTRY) Mo.13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)17. INFORMANT Delores Kling  
(ADDRESS) 3404 Klein St.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Jan. 14, 193919. FUNERAL DIRECTOR (NAME) Suedmeyer & Sons  
(ADDRESS) 3934 N. 20th St.20. FILED JAN 13 1939 J. K. Budick  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 11, 193922. I HEREBY CERTIFY, That I attended deceased from January 9, 1939 to Jan. 11, 1939

I last saw her alive on Jan. 11, 1939 Death is said to have occurred on the date stated above, at 10:20 a.m.  
The principal cause of death and related causes of importance were as follows:

Lobar PneumoniaUremiaDate of onset 1-9-391-9-39

Other contributory causes of importance:

Chronic interstitial nephritisName of operation none Date of.....What test confirmed diagnosis? Autopsy Was there an autopsy? NO23. 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? no

If so, specify.....

(Signed) A. J. Ignacelli M. D.(Address) 1879 E. Jefferson St. St. Louis

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Geo P Schubert*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Geo P Schubert*

Licensed Embalmer No. *2212*

P. O. Address *5118 W Kingsbridge*

**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.)**

**If this body is not embalmed, above space should be left blank.**