

REC'D MAR 13 1939

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

4605
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 Missouri.** (d) Street No. **Desloge 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.

Registered No. **1298****2. PRINT FULL NAME** **Henry John Katzenhausen**

(a) Residence, No. **4132 Botanical Ave.** St. **17**
 (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 **Male** 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 **Angelina Ocean Katzenhausen**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 26 - 1859**

7. AGE YEARS **79** MONTHS **10** DAYS **12** IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Miner**
 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) **Hamburg** (STATE OR COUNTRY) **Germany**

FATHER 13. NAME **Andrew Katzenhausen**

14. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) **unknown** (STATE OR COUNTRY)

17. INFORMANT **Mrs. H.D. Lunis** (ADDRESS) **4132 Botanical Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Newburg Ind.** DATE **Feb. 12, 1939**

19. FUNERAL DIRECTOR (NAME) **Albert H. Hoppe Inc.** (ADDRESS) **4700 Washington Blvd.**

20. FILED **FEB 9 1939** **J. F. Brudeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 8** 19 **39**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 5** 19 **39** to **Feb. 8** 19 **39**.

I last saw him alive on **Feb. 8** 19 **39** death is said to have occurred on the date stated above, at **10:25 P.M.**

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

Ischemic Heart Disease
arteriosclerosis
caused by a strangulated hernia

Other contributory causes of importance:
hernia which had bursted
operation for same

Name of operation: **Sapharotomy** Date of operation: **Feb 6**

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.....

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 **(H.T. COUGHAN)**

(Signed) **J. F. Brudeck**, M. D.

(Address) **St. Louis Ind. 17**

De at 5 30
W. W. Wilkinson

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *W. W. Wilkinson*
Licensed Embalmer No. *3575*
P. O. Address.....

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.