

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

791
1003

8418
Do not use this space.

1. PLACE OF DEATH

(a) County..... / Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis / (d) Street No. Christian Hospital Registered No. 2183 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 345 Raymond W. Kattelmann

(a) Residence, No. 5585 Era Ave. St. 7
 (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christine Kattelmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1896.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 5 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Policeman
 9. Industry or business in which work was done, as saw mill, bank, etc. St. Louis
 10. Date deceased last worked at this occupation (month and year).....
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME Edward Kattelmann

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Alvania Waymueller

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Christine Katterlmann (ADDRESS) 5585 Era Ave.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem., DATE Mar. 8/39.

19. FUNERAL DIRECTOR Jos. W. Clark (ADDRESS) 1125 Hodiament Ave.

20. FILED MAR 7 1939 19 J. B. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 5/39. 19

22. I HEREBY CERTIFY, That I attended deceased from 7 St. 10th St., 1939, to 5th St., 1939. I last saw h. in alive on Mar. 5, 1939. Death is said to have occurred on the date stated above, at 11.00 A.M.

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

Myocardial infarction
Coronary atherosclerosis
 Other contributory causes of importance:
Arteriosclerosis

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? NO.

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 Yes
 (Signed) Jos. W. Clark, M. D.
 (Address) 1125 Hodiament Ave.

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.

4114 W. + Harrison Ave
12-2 P.M. to 6-8 P.M.
L. E. 2983

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Jos. W. Clark

Licensed Embalmer No. I66I

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.)