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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13301

State File No.

3503

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 Days
(Specify whether
In this community Since Birth
years, months or days)

3. (a) PRINT FULL NAME Catherine Konradt 563

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Christian Konradt 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Jan. 13, 1889
(Month) (Day) (Year)

8. AGE	Years	Months	Days	If less than one day
	<u>51</u>	<u>3</u>	<u>2</u>	hr. _____ min.

9. Birthplace New Orleans La
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business OWN HOME

12. Name Patrick Clark

18. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Shearer

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Christian Konradt

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 4/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Ill.

18. (a) Signature of funeral director G. H. Haidner

(b) Address Belleville, Ill.

19. (a) APR 17 1940 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
(d) Street No. 1834 North 18th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15,
year 1940 hour 9:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from March
25, 1940, to April 15, 1940;

that I last saw her alive on April 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Cardio-Renal Failure

Due to 95%

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. [Signature] (M. D. or other) _____

Address 1515 Lafayette Date signed 4/16/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *William G. Buchholz*

Licensed Embalmer No. *2119*

P. O. Address *St. Louis, Mo.*

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.