

ED JUN 15 1940

1003

Registration District No. 701

Primary Registration District No.

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 3954 Louisiana Ave. 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME CATHERINE KIELHOFNER 415

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Peter 6. (c) Age of husband or wife If alive \_\_\_\_\_ years7. Birth date of deceased April 1 1864  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
76 1 23 hr. min.9. Birthplace France 7  
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wendelin Messner13. Birthplace France 7  
(City, town, or county) (State or foreign country)14. Maiden name Theresa Reimer  
(City, town, or county) (State or foreign country)15. Birthplace France 7  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Eliz. Mattingly(b) Address 3954 Louisiana Ave.17. (a) Burial (b) Date thereof May 28, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New SS. Peter & Paul Cem.18. (a) Signature of funeral director J. H. Becken Sr. & Und. Co.(b) Address 2842 Meramee St.19. (a) MAY 26 1940 (b) J. P. Becken  
(Date received local registrar) (Registrar's Signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 16  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3954 Louisiana Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 50 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1940 hour 11 minute 45 A. M.21. I hereby certify that I attended the deceased from May 7, 1940, to May 24, 1940  
that I last saw her alive on May 24, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Terminal Broncho Pneumonia Duration \_\_\_\_\_  
Cancer LiverDue to Cancer R. Breast, PrimaryOther conditions (Include pregnancy within 6 months of death) 50

Major findings: Of operations \_\_\_\_\_

Of autopsy no

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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 Charles Dravis (M. D. or other) \_\_\_\_\_Address 370 2 1/2 pavois Date signed \_\_\_\_\_

**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 Me

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

Signed Laron E. Percy

Licensed Embalmer No. 4094  
2842 Meramec St.

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.**