

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19588

State File No. _____

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 1011

1. PLACE OF DEATH:

(a) County ST Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1060 Sutter 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 21 years
years, months or days) 1-36

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 1060 Sutter
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME KATHERINE SEPTIER

8. (b) If veteran, name war None 8. (c) Social Security No. None

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

6. (b) Name of husband or wife Harold Septier 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 12 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Clayton Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business at home

MOTHER FATHER
12. Name Elise Russell
13. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)
14. Maiden name Rodala Moseley
15. Birthplace Albany N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant William Septier
(b) Address 1060 Sutter U.C. Mo.

17. (a) Burial (b) Date thereof 5 27 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Central Cemetery

18. (a) Signature of funeral director Baumann Brothers Inc.
(b) Address 9504 Woodson Overland Missouri

19. (a) 5-27-46 (b) W. K. Mays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 7 day
year 1946 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 12 - 40
May 1946 to May 7 1946
that I last saw her alive on May 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia Duration Instant

Due to arterio-sclerosis Death

Due to thrombo-embolism Death

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none 930 PHYSICIAN _____

Of autopsy none 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? _____

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

23. Signature Charles A. Tol (M. D. or other) _____
Address 156 E. 14th Street Date signed May 24 46

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

5706

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

Oscar J. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Park

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.