No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 30552

Registration District No. 791

Primary Registration District No.

Registrar's No. 7829

1. PLACE OF DEATH:

(a) County

(b) City or town SAINT LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DEACONESS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS.

(c) City or town UNIVERSITY CITY. NR
(If outside city or town limits write "RURAL")

(d) Street No. # I2I9 HAFNER PLACE.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME KATHRYN S. HABERTHIER

3. (b) If veteran, name war none

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 FLORENCE J. HABERTHIER

6. (c) Age of husband or wife if alive 4I years

7. Birth date of deceased JUNE (Month) 9 (Day) I900 (Year)

8. AGE: Years 40 Months 3 Days 9 If less than one day hr. min.

9. Birthplace McKITTRICK (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name HENRY STUTENKEMPER
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name ETTA KOLLMEYER
15. Birthplace FRANKLIN COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant FLORENCE J. HABERTHIER
(b) Address I2I9 HAFNER PLACE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/20/40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director C.R.LUPTON & SONS
(b) Address 7233 DELMAR BLVD

19. (a) SEP 19 1940 (Date received local registrar) (b) J. F. Bradbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th year 1940 hour 1 minute 35 P M.

21. I hereby certify that I attended the deceased from Aug 14, 1940, to Sept 18, 1940; that I last saw h alive on Sept 18, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to Surgery and Low resistance

Due to

Other conditions General impaired health
(Include pregnancy within 3 months of death)

Major findings:
Of operations Fibroid uterus non malignant
Of autopsy

Duration

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

23. Signature J. D. Thurman (M. D. or other) (THURMAN)
Address 6743 Page Date signed 9-19-40

(Licensed Embalmer's Statement on Reverse Side)

6753 Page
PA. 3155

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 Clarence H. Murray

Licensed Embalmer No. .....

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.