DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36315
State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1888

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5010 Heege 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 3 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Kirkwood Mo. Route 12 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Catherine Bost
3. (b) If veteran, name war
3. (c) Social Security No. no
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Mathias
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 12 (Day) 1864 (Year)
8. AGE: Years 76 Months 0 Days 22 If less than one day hr. min.
9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER 12. Name Frank Brown
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Caroline Snyder
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Elizabeth Buenfgeld
(b) Address 5010 Heige
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/8/40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Fenton Mo.
18. (a) Signature of funeral director Kenneth Mack
(b) Address Fenton Mo.
19. (a) OCT - 7 1940 (Date received local registrar) (b) M. R. Meyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
year 1940 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan. 1940 to Oct. 1940; that I last saw her alive on Oct 4, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: arteriosclerosis	
Due to: Chronic Myocarditis	2 years
Due to: with Myocardial Degeneration	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

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 M. R. Wilsuchs (M. D. or other)
Address 8301 Bramon Date signed Oct 7, 1940

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Kenneth H Peck

Licensed Embalmer No. 3047

P. O. Address Fenton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.