

No. 2
1-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40196

JAN 15 1941
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9967

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: Josephine Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hours
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME KATIE KAUTZ

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased July 16 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>4</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Anton Schilling

13. Birthplace Austria
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know.

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

16. (a) Informant Theresa Goetter

(b) Address 1953 Lynch St.

17. (a) Burial (b) Date thereof Dec. 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. H. Gebken & Co
(b) Address 2842 Meramec St.

19. (a) DEC 5 1940 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1953 Lynch St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 35 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th
year 1940 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 3, 1940 to December 4, 1940
that I last saw him alive on December 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic coma
Diabetes Mellitus

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration

1 day

?

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 J. P. Kerin, M.D. (M. D. or other) _____
Address 12730 McNAIR AVE Date signed 12-4-40

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

MOTHER FATHER

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 Herman A. Gebken

Licensed Embalmer No. 2120

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, fact should be so stated above.