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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

5420  
1668

Registration District No. 791

Primary Registration District No. 1003

Registrar's 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: Firmin Desloge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days  
In this community 13 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2307 S. Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Katherine V. Wattenburger

3. (b) If veteran, name war ---- 3. (c) Social Security No. None

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

6. (b) Name of husband or wife ---- 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased September 28, 1922  
(Month) (Day) (Year)

8. AGE: Years 18 Months 4 Days 19 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Home

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

12. Name Lee Wattenburger

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

14. Maiden name Nettie Bodley

15. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Nettie Wattenburger

(b) Address 2307 S. Broadway

17. (a) Burial (b) Date thereof 2/22/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Wacker-Welders  
(b) Address 2331 S. Broadway

19. (a) FEB 21 1941 (b) W. Buech  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19  
year 1941 hour 1 minute 45p. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor producing respiratory paralysis. Benign

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 568  
(Include pregnancy within 3 months of death)

Major findings: Of operations 568

Of autopsy \_\_\_\_\_

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) (c) Means of injury 3

23. Signature James P. Brown (M.D. or other) \_\_\_\_\_  
Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

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, fact should be so stated above.**