

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MAILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12919  
3349

State File No.

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

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

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:  
BARNES HOSPITAL 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 17 days  
(Specify whether  
In this community.       
years, months or days)

3. (a) PRINT FULL NAME Robert Bruce Catham

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

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Louise  
6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased. Dec 26 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 3 21 hr. min.

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

10. Usual occupation. Court Stenographer

11. Industry or business

12. Name. Edw. R. Catham

13. Birthplace. Drew Co. Ark  
(City, town, or county) (State or foreign country)

14. Maiden name. Haisy Lamm Harris

15. Birthplace. Drew Co. Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant. L. J. Decker  
(b) Address. Wilton, Iowa.

17. (a) Removal (b) Date thereof. 4/17/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Hot Springs, Ark.

18. (a) Signature of funeral director. Albert H. Hoppe  
(b) Address. 4700 Washington Ave.

19. (a) APR 17 1941 (b) J. F. Bauder  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Arkansas (b) County.....  
(c) City or town. Hot Springs (If outside city or town limits, write "RURAL") N. R.  
(d) Street No. 415 Alcorn (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17  
year 1941 hour 8 minute 25 A. M.

21. I hereby certify that I attended the deceased from March 31, 1941, to April 17, 1941;  
that I last saw him alive on April 17, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death. Broncho pneumonia of lungs (L.U.L.)

Due to. Chronic endocarditis of the mitral valve

Due to.....  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy. As above

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 0

23. Signature. J. P. Bradley (M. D. or other)  
Address. BARNES HOSPITAL Date signed 4-17-41

**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

*Albert N. Kappeler*

Licensed Embalmer No. ....

1861

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.**