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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18929

Registration District No. 100

Primary Registration District No. 100

Registrar's No. 1098

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution Bouldworth Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(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 Wellsboro
(If outside city or town limits, write "RURAL")

(d) Street No. 6444 - Wellsboro
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH KAATMAN

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Adam

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Sept 12 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 29
If less than one day _____ hr. _____ min.

9. Birthplace Creepe Court Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank Heister

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

14. Maiden name Anna Heister

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

16. (a) Informant Adam Kaatman

(b) Address 6444 - Wellsboro Wellsboro

17. (a) Burial (b) Date thereof 5-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Wm. J. ...

(b) Address 754 ...

19. (a) MAY 23 1941 (b) W. J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1941 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from March 23
1941, to May 21, 1941;

that I last saw him alive on May 21, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 5 min.

Due to Generalized arteriosclerosis years

Due to _____

Other conditions Pelvic carcinoma yrs
(Include pregnancy within 3 months of death)

Major findings: Origin in cervix

Of operations 480

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?

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

23. Signature W. J. ... (M. D. overline)

Address 2651 Grand St. Date signed 5-23-41

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..... *Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address..... *Overland 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.