

FILED JUL 21 1941
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 St. Louis Mo.
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(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 000
(c) City or town ST. LOUIS 1017
(If outside city or town limits, write "RURAL")
(d) Street No. 3953 SULLIVAN 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME KATHRYN ANN DICE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 1 F 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife James Dice 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 25, 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ernst Ihrig
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Anna (Unknown)
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Virginia Dice
(b) Address 3953 Sullivan Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/41 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Sullivan Und. Co.,
(b) Address 2849 N. Euclid Ave.,

19. (a) JUN 9 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 7 year 1941 hour 7 minutes 30 A.M.

21. I hereby certify that I attended the deceased from APRIL 23 1941 to JUNE 7 1941;
that I last saw HER alive on JUNE 7 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF LIVER

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy NONE OBTAINED

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) (b) Means of injury _____

23. Signature FR Bradley (M. D. or other) _____
Address BARNES HOSPITAL Date signed 6-7-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Alben Mayfield*
Licensed Embalmer No..... *3077*
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.