

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20254**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5066**

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:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 days.**
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **Catherine Kill**

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 **Frank H.**

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

7. Birth date of deceased **December 13 1874**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	6	6	hr. _____ min.

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

10. Usual occupation **At home**

11. Industry or business _____

MOTHER FATHER

12. Name **Dont Know.**

13. Birthplace **Dont Know.**
(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 **Joseph L. Kill**

(b) Address **4133a Oregon Ave.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **June 23, 1941**
(Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter & Paul Cem**

18. (a) Signature of funeral director **J. N. Gubben**

(b) Address **2842 Meramec St.**

19. (a) **JUN 20 1941** (Date received local registrar)

(b) **J. N. Gubben** (Registrar's signature)

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. **4133a Oregon Ave.**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19th**
year **1941** hour **4** minute _____ P. M.

21. I hereby certify that I attended the deceased from **April 1940**
to **6/19/1941**
that I last saw ~~him~~ **her** alive on **6/19/1941**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Occlusion (Chronic Myocarditis)**

Due to _____

Due to _____

Other conditions: **Cerebral fever**
(Include pregnancy within 3 months of death)

Major findings: **None**

Of operations _____

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? _____

(Specify type of place)

While at work? _____

(e) Means of injury _____

23. Signature **Joseph L. Kill** M. D. or other _____

Address **4133a Oregon Ave** Date signed **6/27/41**

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.....

John Fetter

Licensed Embalmer No. 3880
4455 Washington Ave.
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.