

No. 2  
-1-4-41  
-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF PUBLIC AFFAIRS

MISSOURI STATE BOARD OF HEALTH

FILED OCT 18 1941

STANDARD CERTIFICATE OF DEATH

State File No. 30069

Registration District No. 791

Primary Registration District No.

Registrar's No. 7408

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:  
845 Cowan Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 345 Cowan Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME KATHERINE IMMER

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

4. Sex Female 5. Color of race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John A. Immer  
6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased Nov. 22, 1859  
(Month) (Day) (Year)

8. AGE: Years 31 Months 9 Days 20  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Zell, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

MOTHER FATHER { 12. Name Joseph Flieg  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN A. IMMER  
(b) Address 345 Cowan Street

17. (a) Burial (b) Date thereof 9/15/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Math. Hermann & Son  
(b) Address 2161 East Fair Avenue

19. SEP 13 1941 (b) J. Bredich  
(Date received from Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11  
year 1941 hour 6 minute 30 PM

21. I hereby certify that I attended the deceased from Jan. 15 1941 to Sept 11 1941  
that I last saw her alive on Sept. 11 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death... Chronic Myocarditis  
Duration ?

Due to ?  
Due to ?

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

Major findings:  
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 Setts P Smith (M. D. or other) ?  
Address 4500 Clarence Date signed SEP 17 1941

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

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**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

*William J. Buchholz*

Licensed Embalmer No.

*2110*

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.**