

FILED FEB 24 1942

Registration District No. 784 Primary Registration District No. 200

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

1. PLACE OF DEATH:

(a) County St. Louis,  
(b) City or town Overland,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
9231 Bristol,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none. (Specify whether  
In this community 1 yr. 6 mos. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,  
(c) City or town Overland,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9231 Bristol, (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Benjamin C. Catherton,

3. (b) If veteran, name war none  
3. (c) Social Security No. 488-18-9168

MEDICAL CERTIFICATION  
DATE OF DEATH: Month Feb. day 12, year 1942 hour 8 minute 10 P. M.

4. Sex male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Emma Hain Catherton,  
7. Birth date of deceased: July 31, 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 8<sup>th</sup> 1942 to Feb 12<sup>th</sup> 1942  
that I last saw him alive on Feb 12<sup>th</sup> and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 6 Days 11 If less than one day  
hr. min.

Immediate cause of death Broncho-Pneumonia Duration 10 days  
Due to Acute Pericarditis 1 day  
Due to

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

10. Usual occupation Laborer,

11. Industry or business W. P. A.

MOTHER FATHER { 12. Name Edward Catherton,  
13. Birthplace St. Louis Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary J. Stuart,  
15. Birthplace St. Louis Co. Mo.  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: 107A  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Emma Catherton  
(b) Address 9231 Bristol, Overland, Mo.

17. (a) Burial, (b) Date thereof Feb. 16, 42  
(Burial, cremation, or other disposal) (City or town) (County) (State) (Year)  
(c) Place: burial or cremation Valley Rd. Stuart Private Cem.

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?

18. (a) Signature of funeral director Schrader Funeral Home  
(b) Address Ballwin, Mo.

While at work? (Specify type of place) (c) Means of injury  
23. Signature MA Schunaberger (M. D. or Registrar)  
Address 8816 Dechard Date signed Feb 13 42

19. (a) FEB 13 1942 (b) C. Y. McLaughlin  
(Date of local registrar) (Registrar's signature)

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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.....

*Thos. Shroder*

Licensed Embalmer No. *3066*

P. O. Address.....

*Bellewin, 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.**