

Registration District No. **789**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1403a Dodier St.
(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 26 000 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9
(d) Street No. 1403a Dodier St. (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Katherine Luman
(b) If veteran, name war NO. (c) Social Security No. None 1925

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 13th
year 1942, hour 4 A.M. minute _____ M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arthur Luman 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased April 8, 1902
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 31, 1942 to Feb 12, 1942
that I last saw her alive on Feb 12, 1942
and that death occurred on the date and hour stated above.
Duration
Immediate cause of death Anemia, Pericarditis
History of 2 years

8. AGE: Years Months Days If less than one day
39 10 5 hr. _____ min.

Due to _____
Due to _____

9. Birthplace Cape Girardeau, MO (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

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

MOTHER FATHER
11. Industry or business _____
12. Name Wm. H. Rodgers
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Susan Daily
15. Birthplace Illinois (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Arthur Luman
(b) Address 1403a Dodier St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation Cape Girardeau, Mo
18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.
19. (a) FEB 13 1942 (Date received local registrar) (b) J. F. Braddock (Registrar's signature)

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 0
23. Signature J. O. Bell (M. D. or other) _____
Address 2505 W. 101st St. Date signed 2/13/42

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

Dr. Pender

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 P. Buchholz

Licensed Embalmer No.....

1674

P. O. Address.....

2323 So. Louis Ave

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.