. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8762

State File No.

FILED APR 8 1942 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2280

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: Little Sisters of the Poor (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month-10da (Specify whether

In this community 10 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 16 9

(d) Street No. Little Sisters Grand Ave. (If rural, give location) 3400

(e) Citizen of foreign country? yes (Yes or No)

If yes, name country Hungary 0

3. (a) PRINT FULL NAME Katherine Jochim

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

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

7. Birth date of deceased February (Month) 22 (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
83	0	17	hr. min.

9. Birthplace (City, town, or county) Hungary X (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Jake Memman
13. Birthplace (City, town, or county) Hungary X (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Hungary X (State or foreign country)

16. (a) Informant Anna Mayer
(b) Address 208 W. Arlee

17. (a) burial (Burial, cremation, or removal) (b) Date thereof March 14-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan

19. (a) MAR 12 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 11 year 1942 hour 8 am minute a M.

21. I hereby certify that I attended the deceased from Jan 29, 1942, to Mch 11, 1942 that I last saw her alive on Mch 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterio Sclerosis	
Due to General	1 yr
Due to Decubitus	2 mo
Other conditions (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 [signature] (M. D. or other)
Address Univ Club Bl Date signed 8/12 42

(Licensed Embalmer's Statement on Reverse Side)

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. Oliver C. Lewis

Licensed Embalmer No. 4148

P. O. Address St Louis

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.