

Registration District No.

Primary Registration District No.

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:
1708a S. 10th. 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)

3. (a) PRINT FULL NAME Kate Kolndorfer

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Michael Kolndorfer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December, 22, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 3 6 hr. _____ min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Conrad 4
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Susan Steiner
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Michael Kolndorfer
(b) Address 1708a S. 10th. St.

17. (a) Cremation (b) Date thereof 3/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Charles Wood, Co.
(b) Address 1722 S. Jefferson Ave.

19. (a) MAD 20 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23:
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1708a S. 10th. St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 28 -
year 42 hour 6 minute P M.

21. I hereby certify that I attended the deceased from 2-29 -
1942 to 3-28 - 1942
that I last saw her alive on 3-28-42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Rectum Duration X

Due to X
Due to X

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

Major findings: Colostomy Performed
Feb. 29-1942
Of autopsy X

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature L. F. Murray (M. D. or other)
Address 900 - Russell Date signed 3/30-42

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

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.....

Licensed Embalmer No. *1591*

P. O. Address *4106 E. Botwin*

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.