

Registration District No. 20-1842

Primary Registration District No. 20

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mt. St. Rose Sanatorium
(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 Katzung, Dena M.

3. (b) If veteran, name war WW 3. (c) Social Security No. SW

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late William Katzung 6. (c) Age of husband or wife if alive years 18th Aug 1883
7. Birth date of deceased Aug 18th 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 25 If less than one day
.....hr.min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Behrent Steffens
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Emma Steffens
15. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

16. (a) Informant Vera Katzung
(b) Address 4955a Tholozan Ave
17. (a) Burial (b) Date thereof 4-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Kris G. Hausner Mortuary
(b) Address 4228 So. Kingshighway
19. (a) APR 15 1942 (b) C. S. M. Gorman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County City
(c) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 5034 Sutherland Ave. 4955a Tholozan
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1942 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from June 28th 1941 to April 13th 1942
that I last saw her alive on April 13th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Advanced Pulmonary Tuberculosis Duration 1 year 4 mos.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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) (g) Means of injury.....

23. Signature Andrew C. Skate M.D. (M. D. or other)
Address 607 N. Grand Blvd Date signed 4-14-42

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

Edwin H. McElmatt

Licensed Embalmer No. *3024*

P. O. Address.....

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.