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

FILED MAY 13 1942

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12377

Registrar's No. 3991

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:
De Paul Hospital ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)

In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 26 329

(c) City or town Clayton NR
(If outside city or town limits, write "RURAL")

(d) Street No. 6429 San Bonita Ave
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME KATHERINE ALTHAUS

3. (b) If veteran, name war None

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 Jacob Althaus

6. (c) Age of husband or wife if alive 81 Yrs Years

7. Birth date of deceased April 11, 1865 (Month) (Day) (Year)

8. AGE: Years 77 | Months 0 | Days 22 | If less than one day ___ hr. ___ min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name George Marburger
13. Birthplace (City, town, or county) ✓ Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth Mueller
15. Birthplace (City, town, or county) ✓ Germany (State or foreign country)

16. (a) Informant Jacob Althaus
(b) Address 6429 San Bonita, Clayton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) MAY 5 1942 (Date received local registrar) (b) J. F. Bruder (Registrar's signature)
844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May ~~April~~ day 3
year 1942 hour 6 minute 45 PM M.

21. I hereby certify that I attended the deceased from May 1, 1942 to May 3, 1942
that I last saw her alive on May 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Coronary occlusion	3 days
Due to Chr Coronary disease	4 mos
Due to	
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?
While at work (Specify type of place) (e) Means of injury

23. Signature Oliver Abel Jr (M. D. or other)
Address 4952 Maryland Date signed 5-5-42

(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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis 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.