

FILED MAY 19 1942 91

State File No. 4054  
 Registrar's No. 1003

Registration District No. ....

Primary Registration District No. ....

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

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:  
St. Anthony's Hospital 0  
 (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.....  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2523 Coleman St.  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

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

4. Sex Female/ 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow 2  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
 alive..... years  
 7. Birth date of deceased. August 22 1884  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>8</u>	<u>13</u>	hr. .... min.

9. Birthplace St. Louis 0 Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name Fred Hoffman

13. Birthplace Unknown 1 Tennessee  
 (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Unknown 9 Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant John W. Rich

(b) Address 123 Robert Ave. Ferguson, MO.

17. (a) Burial (b) Date thereof May 8, 42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) MAY 7 1942 (b) J. J. Muehle  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5  
 year 1942 hour 5 minute 05 P.M.

21. I hereby certify that I attended the deceased from May 4  
 1942 to May 15 1942  
 that I last saw her alive on May 5 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Intestinal Obstruction  
Peritonitis  
Appendicitis  
 Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Duration  
3 days  
2 day  
3 days

Major findings:  
offer vessel disease -  
Intestinal obstruction Adhesions -  
none

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO  
 (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)  
 (c) Means of injury.....  
 23. Signature H. A. Schneider (M. D. or other).....  
 Address 3318 S. Grand Date signed 5-6-42

**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.....

*Fred Frick*

Licensed Embalmer No. 3186.....

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.**