

FILED SEP 4 1948

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 7171

100
17
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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:
City Hospital # 1
(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 Kati Diering

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, Widowed

6. (b) Name of husband or wife..... Late

6. (c) Age of husband or wife if alive..... 17th years 1868

7. Birth date of deceased..... March (Month) 17th (Day) 1868 (Year)

8. AGE: Years Months Days If less than one day

74 5 8 ..hr. ..min.

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

10. Usual occupation..... Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name..... Unknown Warner

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

14. Maiden name..... Unknown

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

16. (a) Informant..... Mrs. Grace Heberer

(b) Address..... 4821 Potomac Ave.

17. (a) Burial (b) Date thereof..... 8-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Paul's Churchvar

18. (a) Signature of funeral director..... Kriegshauser Mortuari

(b) Address..... 4228 So. Kingshighway Blvd.

19. (a) AUG 27 1948 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State..... Mo. (b) County..... 17

(c) City or town..... St. Louis 915
(If outside city or town limits, write "RURAL")

(d) Street No..... 4821 Potomac Ave.
(If rural, give location)

(e) Citizen of foreign country?..... 0 (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25th
 year 1942 hour 3 minute P.M. M.

21. I hereby certify that I attended the deceased from.....
 .., 19....., to....., 19.....;
 that I last saw h..... alive on....., 19.....;
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Traumatic evisceration following laceration of abdominal wall, Fracture both legs, lower one third; when she was struck by an automobile driven by one William Biby about 30 feet north of intersection of Potomac St. on Kingshighway, about 9:40 P.M.

Other conditions..... Aug. 23rd, 1942
(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)..... Accident 000

(b) Date of occurrence..... Aug. 23rd, 1942

(c) Where did injury occur?..... St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place

While at work?.....
(Specify type of place) (e) Means of injury..... 3

23. Signature..... Thomas F. Callan
 Address..... Deputy Coroner Date signed..... 8/27/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 D. McHermath

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.