S. No. 2
—1-4-41
5-17-39
PI X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH STATISTICS
FILED AUG 29 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25987

Registration District No. 1791 | Primary Registration District No. 1003 | Registrar's No. 6759

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: 3509 Hunphrey St / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED: 000

(a) State Missouri (b) County 17 216
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3509 Humphrey St (If rural, give location)
(e) Citizen of foreign country? U (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Catherine Lakeman
3. (b) If veteran, name war ******
3. (c) Social Security No. ******
4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 28 1862 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	5	12	hr. min.

9. Birthplace Ohio (City, town, or county) / (State or foreign country)
10. Usual occupation At Home
11. Industry or business

MOTHER FATHER
12. Name Xavier Walsh
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)
14. Maiden name Wilhemina Doubler
15. Birthplace Ohio (City, town, or county) / (State or foreign country)

16. (a) Informant Blanche Lakeman
(b) Address 3509 Humphrey St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 12 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave
19. (a) AUG 11 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)
844

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day August year 1942 hour 1:30 minute P. M.
21. I hereby certify that I attended the deceased from May 20-1942 19 to August 9 1942 that I last saw her alive on August 9- 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage	Duration
Due to Arteriosclerosis	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M.D. or other)
Address 3102 Lo. Louis Date signed 8/10/42

Dr Metz
3102 S. Second
La 0313
2 to 4

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Tennessee

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.