7. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26096

State File No.

FILED AUG 25 1942

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6983

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: Little Sisters of Poor (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 yrs. (Specify whether years, months or days) In this community 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 9/6 (If outside city or town limits, write "RURAL")

(d) Street No. Little Sisters of Poor 3400 S. Grand (If rural, give location)

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

3. (a) PRINT FULL NAME KATHERINE NOWACK

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

6. (a) Single, widowed, ~~married~~, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Apr. (Month) 5 (Day) 1858 (Year)

8. AGE: Years 84 Months 4 Days 13 If less than one day — hr. — min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Retired

11. Industry or business In Old Folks Home

FATHER 12. Name Unknown

FATHER 13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Frank Nowack

(b) Address 3110 Park Ave St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Fy Fee Cem.

18. (a) Signature of funeral director Baumann Bros Inc.

(b) Address 2504 Woodson Overland Mo

19. (a) AUG 19 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18 year 1942 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Aug. 15 1942, to Aug 18 1942, that I last saw him alive on July 30 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis — Decompensation.

Due to Hypertension —

Due to Arteriosclerosis.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 0

23. Signature A. Kay Ler (M. D. or other) MD

Address 5895 Delmar Date signed 8/18/42

(Licensed Embalmer's Statement on Reverse Side)

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 Joe S. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
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.