S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28868

Registration District No. FILED OCT 14 1942 318

Primary Registration District No. 1003

Registrar's No. 8170

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:
Christian 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 Gasconade 37 NR

(c) City or town Herman, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME August Kattelmann

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 2nd (Day) 1860 (Year)

8. AGE: Years 82 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Herman, Mo. (City, town, or county) Holland 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name August Kattelmann Sr.
13. Birthplace Unknown (City, town, or county) Holland 4 (State or foreign country)

MOTHER
14. Maiden name Caroline Burchart
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Adelle Kattelman
(b) Address Herman, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Herman, Mo.

18. (a) Signature of funeral director Hugo Blumer
(b) Address Herman, Mo.

19. (a) OCT 2 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1st year 1942 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 26, 1942, to Oct 1st, 1942 that I last saw him alive on Sept 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Left mandible & adjacent structures

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy None

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 H. C. Hirrich (M. D. or other)
Address St Louis Mo Date signed 10/2/42

(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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address City

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.