

S. No. 2  
M-9-4-41  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 21 1942  
Registration District No. 34

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003  
Primary Registration District No.

State File No. \_\_\_\_\_  
Registrar's No. 8419

1. PLACE OF DEATH:  
(a) County St Louis  
(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 Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 45 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St Louis (If outside city or town limits, write "RURAL") 169  
(d) Street No. 4218 Julietta (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Katie Sullens  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Emery 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 27, 1868  
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Port Washington Wisconsin  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Witges

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

14. Maiden name Unknown

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

16. (a) Informant Elmer Sullens  
(b) Address 6009 Hartford

17. (a) Burial (b) Date thereof 10/13/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul Cem.  
Oscar J. Hoffmeister

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 4016 Chippewa

19. (a) OCT 10 1942 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 9  
year 1942 hour 7 minute 10 P. M.  
21. I hereby certify that I attended the deceased from Oct 5, 1942 to Oct 9, 1942  
that I last saw her alive on Oct 9, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Duration 2 weeks

Due to Cancer of stomach with metastasis  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) Ho

Major findings: Of operations \_\_\_\_\_  
Of autopsy Cancer of stomach  
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 by car  
23. Signature J. F. Bredbeck (M. D. or other) \_\_\_\_\_  
Address 506 Olive Date signed 10/17/42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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**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

*Ernest W. Spillars*

Licensed Embalmer No.

*4680*

P. O. Address

*3747 Summit*

**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.**