V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4411

State File No.

FILED MAR 10 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1865

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4986 Quincy Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 58 Years in St Louis
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 17

(c) City or town St. Louis 62
(If outside city or town limits, write "RURAL")

(d) Street No. 4986 Quincy St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME KATHERINE KIRCHHOFER

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 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 4 1870
(Month) (Day) (Year)

8. AGE: 72 Years | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Gregory Heintzman
13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ludwina Ruffner
15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Frieda Kalberman
(b) Address 4986 Quincy

17. (a) Burial (b) Date thereof Feb 26/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Thos Liles & Son
(b) Address 2906 Gravois Ave.

19. (a) FEB 25 1943 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
year 1943 hour 5 30 A.M. minute M.

21. I hereby certify that I attended the deceased from Jan 1, 1941, to Feb 22, 1943;
that I last saw her alive on 2/22/43, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Shr and Arteriosclerosis — Duration 2 yrs

Due to Arteriosclerosis

Due to Myocardiosis

Other conditions none
(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) No

(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 Dr. N. A. Schneider (M. D. or other)
Address 3018 So Grand Date signed Feb 24-43

(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 David Van Fossan

Licensed Embalmer No. 4242.

P. O. Address 2906 Harris ave

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.