V. S. No. 2
50M—5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8762

Registration District No. 318 MAR 20 1943 Primary Registration District No. 1003 Registrar's No. 2258

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: St. Johns 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 Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 9 7
(If outside city or town limits, write "RURAL")

(d) Street No. 4846 Margaretta Ave
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Catherine M Schiff

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

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

6. (b) Name of husband or wife Frank B. Schiff

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

7. Birth date of deceased December 25, 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name ? Schroeder
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

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

16. (a) Informant Oliver Schiff
(b) Address 4846 Margaretta Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAR 2 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th year 1943 hour 6:30 PM minute M.

21. I hereby certify that I attended the deceased from Dec 10 19 43, to March 7, 19 43 that I last saw her alive on March 7, 19 43 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rt ovary c̄ generalized metastasis 4 mo.

Due to Primary in Ovary

Due to —

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

Major findings: Of operations Cholelithiasis; Generalized Ca of Intestines

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 —

23. Signature Herman J Kloecker (M. D. or other) M.D.

Address 9621 Rafeland Date signed 3-7-43

(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 Francis O. Williamson

Licensed Embalmer No. 3565

P. O. Address 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.