

V. S. No. 2
 FORM-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. 16038

ED JUN 4 1943 318

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 4277

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: DePaul Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether
 In this community Birth years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5310 N. Broadway (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Katherine A. Easthope
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 21
 year 1943 hour 4:00 PM minute M.
 21. I hereby certify that I attended the deceased from 4:30 PM
 MAY 20th 1943 to MAY 21st 1943
 that I last saw her alive on MAY 21st 1943
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife George D. Easthope
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased January 25, 1891
 (Month) (Day) (Year)

Immediate cause of death
 Atherosclerosis
 Diabetic coma - 6 HRS
 Due to Intestinal obstruction - 4 DAYS
 Incompletely Epigastric Hernia - 4 DAYS
 Due to Epigastric Hernia (17 years)
 Other conditions Diabetes Mellitus Type 2
 (include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
 52 3 26 hr. min.

PHYSICIAN
 Major findings: Incompletely adherent
 Of operations jejunum in Epigastric Hernia.
 Of autopsy (none granted)

9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Alosis Prinstern

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

14. Maiden name Augusta Boehmer

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

16. (a) Informant George D. Easthope

(b) Address 5310 N. Broadway

17. (a) Burial (b) Date thereof 5/25/43
 (Burial, cremation, or removal) (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) MAY 24 1943 J. F. Bedeck
 (Data received from registrar) (Registrar's signature)

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?

While at work (Specify type of place)
 23. Signature Albert J. Mordel (M. D. or other)
 Address 2739 No. Grand Bl. Date signed 5-22-43

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

Welford G. Bursley

Licensed Embalmer No. *4212*

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.