

D JUN 30 1943

Registration District No. 318

Primary Registration District No. 1005

State File No. 5610

Registrar's No.

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:
DePaul Hospital
(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..... 17
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6058 Horton Place
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Kathryn E. Myrick

3. (b) If veteran, name war..... None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph H. Myrick 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. November 28, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 6 19 hr. min.

9. Birthplace Hawk Point Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business.....

MOTHER FATHER { 12. Name Louis Lansche
13. Birthplace Lincoln Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Eckstine
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph H. Myrick
(b) Address 6058 Horton Place.

17. (a) Burial (b) Date thereof June 30, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy, Missouri

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue.

19. (a) JUN 10 1943 (b) J. F. Bredeek
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17, 1943
year..... hour 11:30 minute. P M.

21. I hereby certify that I attended the deceased from 6-12-43 to 6-17-43
that I last saw her alive on 6-16-43
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cardiac failure and
Comp. No definite dis.
Due to hypertension, aortic heart
Cerebral hemorrhage
Due to Complete left hemiplegia
Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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?

While at work..... (Specify type of place)
(e) Means of injury.....
23. Signature L. A. Lansche M.D.
Address 4885 Natural Bridge Date signed 6-19-43

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

Nov 9593

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 W. W. Wilkinson
Licensed Embalmer No. 3575
P. O. Address.....

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.