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DOM-2-43
ev-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30296

FILED SEP 21 1943

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8111

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
4318 Virginia Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ /
In this community 81 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4318 Virginia Avenue
(If rural, give location) 151

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

If yes, name country _____ 11

3. (a) PRINT FULL NAME Catherine Quain

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 Widowed

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

7. Birth date of deceased April 11 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>7</u>	<u>29</u>	_____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business at home

12. Name John Timmermann

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 Robert Quain

(b) Address 4318 Virginia

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-13-43
(Month) (Day) (Year)

(c) Place: burial or cremation Old Ss Peter and Paul

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) SEP 12 1943 (b) J. Beedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1943 hour 10 minute _____ p. M.

21. I hereby certify that I attended the deceased from June 2 1943 to Sept. 10 1943
that I last saw her alive on Sept. 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure 48 hrs

Due to Arterio-sclerosis 9 yrs.

Due to Diabetes mellitus 18 yrs.

Other conditions Heber's 61
(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) _____ 200

(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 A. Cleveland (M. D. or other) 9-11-43
Address 3326 Meaneer St Date signed _____

Dr Cleveland
3326 Meramec

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 Virgil L. Berryman
Licensed Embalmer No. 14018
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.