

NOV 18 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9769

1. PLACE OF DEATH:

(a) County St. Louis Mo

(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: Mission Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether)

In this community 3 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. 4383 Westminster Pl
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME KATHERINE BALFE

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 Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife If alive None years

7. Birth date of deceased Oct 7, 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 0 If less than one day hr. min.

9. Birthplace Harvard Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mary Ryder

(b) Address 4383 Westminster Pl

17. (a) Buried (b) Date thereof Nov 6, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buried Cemetery

18. (a) Signature of funeral director J. F. Brudick

(b) Address 4389 Union Blvd

19. (a) NOV 5 1943 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1943 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 2, 1943, to Nov 4, 1943, that I last saw her alive on Nov 3, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure
Acute infarct Proc. Both legs

Due to bronchial pneumonia

Due to No autopsy, deceased probably had fever, myocarditis

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations: None

Of autopsy: None

PHYSICIAN J. F. Brudick
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) None

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work None (Specify type of place) (e) Means of injury None

23. Signature J. R. Nakada (M. D. or other) None
Address Humboldt Blvd Date signed 11/4/43

J. R. Nakada

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

MOTHER FATHER

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.....

Harry J. Schumacher

Licensed Embalmer No.....

2679

P. O. Address.....

732 Lemay

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.