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S. No. 2
M-2-43
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. _____

FILED NOV 29 1943
318

Registration District No. _____

Primary Registration District No. 1008

Registrar's No. 10057 ✓

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:
Firmin Desloge Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks
(Specify whether
In this community _____
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. 4475 Taft Ave.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Catherine Kerber

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife John V. 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased April 1 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 7 15 hr. _____ min.

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

10. Usual occupation At Home,

11. Industry or business _____

MOTHER FATHER { 12. Name John Lodenkamper,

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

14. Maiden name Mary Potts,

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

16. (a) Informant John V. Kerber,

(b) Address 4475 Taft Ave.,

17. (a) Burial, (b) Date thereof 11/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery,

18. (a) Signature of funeral director Gelken-Benz Mortuary

(b) Address 2842 Meramec St.,

19. (a) NOV 17 (b) J. F. Busch
(Date received at registrar's office) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16
year 1943 hour 3: minute 40 A. M.

21. I hereby certify that I attended the deceased from Oct. 16 1943 to Nov. 16 1943
that I last saw her alive on Nov 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration _____

Due to _____
Due to _____

Other conditions Pleural effusion, caps. 2 weeks
(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) _____
(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 C. Heinschmidt (M. D. or other) _____
Address 827 Michigan 382 Date signed 11/16/43

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Joe S. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,
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.