

FILED DEC 22 1943  
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Registration District No. Primary Registration District 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:  
2230 Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Washington  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Katherine Pardick

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 Widowed

6. (b) Name of husband or wife August 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased Jan. 19th 1852  
(Month) (Day) (Year)

8. AGE: Years 90 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Franlin County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16. (a) Informant Mrs. Geo. Schmidt  
(b) Address 2230 Missouri Ave.

17. (a) Washington Ave (b) Date thereof Dec. 8 - 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Final Resting Place

18. (a) Signature of funeral director Joseph E. Doll

(b) Address Washington Ave. No. 1

19. (a) DEC 8 1943 (b) J. F. Brink  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th  
year 1943 hour NINE minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct. 6 to Dec. 6 1943  
that I last saw her alive on Dec. 6 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY SCLEROSIS Duration 11 YEARS

Due to ARTERIO SCLEROSIS " "

Due to

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations PH

Of autopsy

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) Means of injury

23. Signature Joseph E. Doll (M. D. or other)  
Address 2350 So. 9th St. Date signed 12/7/43

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 Herman A. Selken  
Licensed Embalmer No. 2120  
P.O. Address 2630 Gravois Ave

**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.**