

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1943
FILED DEC 29 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4044
Registrar's No. 11372

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(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:
St. Louis Altenheim 5 year +
(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 12
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5408 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Katherine Riley

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Dec day 17
year 43 hour 6:45 minute 3 M.

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

21. I hereby certify that I attended the deceased from _____ 1943, to Dec 17, 1943
that I last saw h. alive on Dec 17, 1943
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 6 1867
(Month) (Day) (Year)

Immediate cause of death the myocardium
Duration 5 yrs

8. AGE: Years 76 Months 0 Days II If less than one day _____ hr. _____ min.

Due to arteriosclerosis ?

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

Due to _____

10. Usual occupation Nil

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

11. Industry or business _____
12. Name Unk.
13. Birthplace Unk. (City, town, or county) (State or foreign country)
14. Maiden name Unk.
15. Birthplace Unk. (City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Jno. W. Hoerr
(b) Address 5408 S. Broadway

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 12-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

(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? _____

18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7126 Michigan
19. (a) DEC 19 1943 (b) J. J. Brudwick
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Max Stahlhoff (M. D. or other) MD
Address 512 Oak St Date signed 12/19/43

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.....

.....
working under my personal supervision.

.....
Registered Apprentice No.

Signed Emmett Johnson.....

Licensed Embalmer No. 3093.....

P. O. Address 7128 Michigan.....

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.