

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 21 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 162
Registrar's No. 521

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town S. T. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3966^a Utah 1
(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) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County.....
(c) City or town S. T. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3966^a Utah St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MARTHA CATHERIN
(b) If veteran, name war NO
(c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 16
year 1944 hour 8 minute 0 a. M.
21. I hereby certify that I attended the deceased from Jan. 30
1943 to Jan 16, 1944
that I last saw her alive on Jan 15, 1944
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JOHN CATHERIN
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased MARCH 14, 1868
(Month) (Day) (Year)

Immediate cause of death.....
Carcinoma of sigmoid & generalized metastases
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
75 10 2 hr. min.
9. Birthplace LIVER POOL ENGLAND
(City, town, or county) (State or foreign country)
10. Usual occupation AT HOME

Major findings: C. of Sigmoid & metastases in liver (Feb. 23, 1944)
Of operations.....
Of autopsy no
Underline the cause to which death should be charged statistically.

11. Industry or business.....
12. Name DANIEL KERRADE
13. Birthplace ENGLAND 4
(City, town, or county) (State or foreign country)
14. Maiden name MARTHA KIRK
15. Birthplace ENGLAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Josephine P. Pule
(b) Address 3966^a Utah
17. (a) Burial (b) Date thereof Jan 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter o Paul Ch.
18. (a) Signature of funeral director Frederick Bross
(b) Address 7201 S. Grand Bl
19. (a) JAN 18 1944 (Date received local registrar)
J. F. Bredeck (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)..... no.
(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 Amelia W. ... (M. D. or other)
Address 3804 Wilmington Ave Date signed 1/17/44

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..... *Samy A. Stewart*

Licensed Embalmer No. *3722*

P. O. Address *412 Duchongnette*

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.