

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 27 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **251**

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:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months
(Specify whether
In this community 53 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
9 6
(d) Street No. 6141 Pershing Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME TIRZAH ANN KATTELMAN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 7th
year 1944 hour 8.45 minute P. M.

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henry A. Kattelman 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased 9 25 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 7th to Jan 7th 1944,
that I last saw her alive on Jan 7th 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 3 Days 12 If less than one day _____ hr. _____ min.

Immediate cause of death
Carcinoma of bowels
Liver & bladder
Due to Originating perhaps in sigmoid & duration not known
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Cancer of sigmoid & liver metastatic
Of autopsy _____

9. Birthplace Baldwin Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Home
11. Industry or business _____
12. Name Wm. P. Johnston
13. Birthplace Unknown N. J.
(City, town, or county) (State or foreign country)
14. Maiden name Guenther
15. Birthplace Unknown N. J.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Leland G. Kattelman
(b) Address 6141 Pershing Avenue
17. (a) Burial (b) Date thereof 1-10-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Alexander & Sons
(b) Address 6375 Delmar Blvd
19. (a) JAN 10 1944 (b) J. F. Brudek
(Date received local registrar) (Registrar's signature)

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 J. A. Houghevan M.D. (M. D. or other)
Address 6677 Seneca St. Date signed 1/8/44

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

Dr. Kengelmaier
2 PM

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 *Thomas R. Demwick*

Licensed Embalmer No. *3793*

P. O. Address *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.