S. No. 2
M—5-43
. 5-17-39
p I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5252

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1817

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6828 A Fyler Ave / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 173

(c) City or town ST. Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No. 6828 A Fyler (If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Cathrine Himpel

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Deceased

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 19 (Day) 1860 (Year)

8. AGE: Years 83 Months 8 Days 3 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business At, Home

FATHER
12. Name Mathew Young
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Mary Mc Carthey
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Matt. Himpel

(b) Address 6828 A Fyler

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 -24 -44 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Thos bermnehl F. Home

(b) Address 3819 S. Grand Blvd

19. (a) FEB 23 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22 day 22 year 1944 hour 310 P.M. minute M.

21. I hereby certify that I attended the deceased from May 10, 1943, to Feb 22, 1944 that I last saw her alive on Feb 21, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic nephritis	18 Mo
Chronic Myocardia	18 Mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

131

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature William Dlinko (M. D. or other)

Address 3450 Gravois Date signed 2/23/44

(Licensed Embalmer's Statement on Reverse Side)

1904
84
60

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 John Ogonowski

Licensed Embalmer No. 3398

P. O. Address .....

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.