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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 20 1944 318 1003

State File No. 13406

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 3359

1. PLACE OF DEATH:

(a) ~~County~~ St. Louis,

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

(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Mo. 14 Days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 91

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

(d) Street No. Gouldworth Nurs. Home. N.R.
8950 Manchester (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Katherine Styverson

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 11 (Day) 1881 (Year)

8. AGE: Years 62 Months 11 Days 30 If less than one day ..... hr. ..... min.

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

10. Usual occupation nil

11. Industry or business

FATHER
12. Name ~~Unknown~~ John Carpenter
13. Birthplace ~~Unknown~~ (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant M. Geasland
(b) Address 5800 Arsenal St.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-44 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Oak Hill Cem

18. (a) Signature of funeral director Louis H Bopp Inc
(b) Address Kirkwood Mo.

19. (a) APR 11 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 10, day 1944
year ..... hour 10:05 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from Sept. 27, 1943
..... 19..., to April 10, 1944;
that I last saw her alive on April 10, 1944, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	
Due to Hypertensive cardio vascular disease	
Due to Generalized arteriosclerosis	
Other conditions Old hemiplegia (Include pregnancy within 3 months of death)	
Organic psychosis	

Major findings:
Of operations
Of autopsy none

93

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 Homer A. Sweetman M.D. (M. D. or other)
Address 5800 Arsenal St Date signed 4-10-44

(Licensed Embalmer's Statement on Reverse Side)

3359

3359

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.