

FILED JUN 23 1944

State File No. 5506

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Park Lane Hospital
 (If not in hospital or institution, give street number or location)
 (d) Length of stay: In hospital or institution 3 weeks
 (Specify whether years, months or days) 51 years

3. (a) PRINT FULL NAME Kathryn Blank

3. (b) If veteran, name war NO
 3. (c) Social Security No. none

4. Sex Female
 5. Color or white
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Emil Blank
 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased Nov 14 - 1892
 (Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 3
 If less than one day hr. min.

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

10. Usual occupation Nurse

11. Industry or business

12. Name Charles Justus

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

14. Maiden name Anna Justus Dunsbach

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

16. (a) Informant Emil Blank

(b) Address 7437 Elm St

17. (a) Cremation (b) Date thereof June 20 - 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Henry L. Weidmuller

(b) Address 6203 9th Ave St. Louis

19. (a) JUN 19 1944 (Date received local registrar)
J. R. Bredenk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis Maplewood
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7437 Elm St
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 - day 17 - year 44 hour 4:45 minute 0 M.

21. I hereby certify that I attended the deceased from 5-25-44, 19 to 6-17-44, 19;
 that I last saw her alive on 6-17-44, 19;
 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized carcinomatous

Due to 65

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

Where did injury occur? (City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(d) Means of injury

23. Signature T. J. Smith (M. D. or other)

Address 4930 Lindell Date signed 6-17-44

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

MOTHER FATHER

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

Albert G. Shappe

Licensed Embalmer No. *2971*

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.