

FILED SEP 18 1944  
Registration District No. 8

Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 7822

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

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: 4010 Meramec St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) /

3. (a) PRINT FULL NAME Katherine J. Ives

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Walter W. 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased March 16 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>5</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Leesburg, Mo.  
(City, town, or county) (State or foreign country) U

10. Usual occupation Home

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Wm. Davis  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Michael Sosenko  
(b) Address 4010 Meramec St.

17. (a) Burial (b) Date thereof 9 14 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park  
(d) Signature of funeral director Walter Hildebrand  
(b) Address 3634 Gravois Ave.

19. (a) SEP 11 1944 (b) J. J. Bredsch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County COA  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4010 Meramec St. / 15  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8  
year 1944 hour 11 minute \_\_\_\_\_ M. 20 P.

21. I hereby certify that I attended the deceased from 4-7-44  
\_\_\_\_\_ 19 \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above. 9/5-9-5-44  
that I last saw her alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death Chronic myocarditis Duration \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Chronic nephritis \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: pu \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy pu 131 \_\_\_\_\_

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 \_\_\_\_\_  
23. Signature Joseph L. Jones (M.D. or other) \_\_\_\_\_  
Address 4065 S. Grand Date signed 9/9/44

**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..... *Robert C. Wheeler*.....

Licensed Embalmer No..... *2128*.....

P. O. Address..... *W. C. Wheeler*.....

**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.**