

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31734

State File No. \_\_\_\_\_

FILED OCT 7 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 3069

Registrar's No. 2031

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town Richmonds Heights Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Marys Hosp  
 (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 NAMECatherine T Green

## 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 William B  
 (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 17 1869  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 0 16 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

11. Industry or business At Home

12. Name John A Tatum

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

14. Maiden name Zulma Faris

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

16. (a) Informant Mrs Z Muren

(b) Address 3865 Alexander St

17. (a) Burial (b) Date thereof Oct 6 44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) OCT 6 1944 (b) E. B. Mellorau M.D  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3865 Alexander St  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3  
 year 1944 hour 12 Noon minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 1  
1944 to Oct 3 1944;

that I last saw her alive on Oct 3 1944;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchi Pneumonia Duration 24 hrs.

with Carcinomia of Cystic Duct with Stenosis, Carcinomia of Gall Bladder,

~~with~~ Carcinomia of Liver, Arteriolonephros,

Generalized Arteriosclerosis, Hernia

~~with~~ Incarcerated right Rectus.

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy Same as above

## 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?

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Manner of injury \_\_\_\_\_

23. Signature Anna P. Dade M.D (M.D. or other)  
 Address 1004 Mo State Bldg Date signed 10/4/44

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

Dr Wade

*Mr. Theodor R. R. R.*

*Je 86 20*

**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 *Edwin M. Bernath*

Licensed Embalmer No. *3024*

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.**