

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9417

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo-19 days  
In this community 0 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Kate Alhoff  
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 Christ Alhoff 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased May 2, 1896 (Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Marissa, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Henry Reitz  
13. Birthplace Marissa, Ill. (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Weimuenster  
15. Birthplace Marissa, Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Christ Alhoff (b) Address 1510a Salisbury

17. (a) Burial (b) Date thereof 11-8-44 (c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co. (b) Address 2223 St. Louis Ave.

19. (a) NOV 6 1944 (b) J. Z. Bredek (c) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 1510a Salisbury (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 4th year 1944 hour 11:00 minute P. M.  
21. I hereby certify that I attended the deceased from 9/5/44 to Nov. 4th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast & metastases Duration 2 yrs +  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

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  
23. Signature M. Kara (M. D. or other) 11/6/44 Address 1515 Lafayette Date signed

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

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**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 P. Buchholz

Licensed Embalmer No. 1674

P. O. Address. 2223 St. Louis Co.

**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.**