V. S. No. 2
100M—5-43
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32656

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8735

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

1. PLACE OF DEATH:

(a) County

(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:
5604 Botanical Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17

(c) City or town St. Louis 139
(If outside city or town limits, write "RURAL")

(d) Street No. 5604 Botanical Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Catherine A Novak

3. (b) If veteran, name war No

3. (c) Social Security No. Mo

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June (Month) 5 (Day) 1896 (Year)

8. AGE: Years 48 Months 4 Days 7 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business at Home

FATHER
12. Name Frank Svehla
13. Birthplace St. Louis Mo (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Katherine Roewe
15. Birthplace St. Louis Mo (City, town, or county) (State or foreign country) 0

16. (a) Informant Frank Novak
(b) Address 5604 Botanical Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 16 (Day) 44 (Year)
(c) Place: burial or cremation New St. Peter Paul Cem

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So Kingshighway

19. (a) OCT 14 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1944 hour 6.10 AM minute M.

21. I hereby certify that I attended the deceased from 10-3-44, 19..., to Oct 12, 1944, that I last saw her alive on Oct 3, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	1 day
Due to: Hypertensive Heart Disease	
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 Harry Cutler (M. D. or other)
Address 4500 Olive Date signed 10-13-44

(Licensed Embalmer's Statement on Reverse Side)

Dr Culter

4500 Olive

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 Richard W. Storsand

Licensed Embalmer No. 4007

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.