

FILED JAN 25 1945

State File No.

403

Registration District No. 318

Primary Registration District No. 1002

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:
2028 Linton Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2028 Linton Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Katherine B. Secrest

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marvin M. Secrest 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased December 3, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 1 11 hr. min.

9. Birthplace St. Paul Minn.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

MOTHER FATHER 11. Industry or business

12. Name Julius Brunk
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Neagle
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Marvin M. Secrest 1
(b) Address 2028 Linton Ave

17. (a) Burial (b) Date thereof. 1/17/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Math. Hermann & Son.

(b) Address 2161 East Fair Ave

19. (a) JAN 15 1945 (b) J. J. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14th
year 1945 hour 9:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from JAN-1 45 to JAN 14 45
that I last saw him or alive on 14 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Ac. Hepatic Encephalopathy
Rickettsial Disease 1 yr.
Diabetes Mellitus 4 yr.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations U.I.
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?

While at work (Specify exact place) _____
Means of injury _____

23. Signature J. J. Bradeck (M. D. or other) _____
Address _____ Date signed 1/15/45

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

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 Geston W. Deibel

Licensed Embalmer No. 4329

P. O. Address St. Louis Mo

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.