

FILED MAR 1945

318

1003

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

Registrar's No. 1880

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

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 10 days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Julia Katzenberger

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Oscar J. Katzenberger

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

7. Birth date of deceased July 17 1885  
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 7 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Albert Henkels

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Mohrman

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank O. Katzenberger

(b) Address 5917 Pennsylvania ave.

17. (a) Burial: Burial (b) Date thereof: Feb. 28, 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) FEB 26 1945 (Date received local registrar)  
J. F. Brueck (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. 5917 Pennsylvania ave.  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th  
year 1945 hour 5:45 minute A M.

21. I hereby certify that I attended the deceased from 2/14/45  
\_\_\_\_\_, 19\_\_\_\_, to 2/24/45, 19\_\_\_\_.

that I last saw her alive on 2/24/45  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to Hb

Other conditions Carcinoma of Stomach  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

Of autopsy Refused

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) Means of injury \_\_\_\_\_

23. Signature Herbert C. Fritz (M. D. or other)  
Address 1515 Lafayette Date signed 2/24/45

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, *Harry J. Schumacher*  
Licensed Embalmer No. *2679*  
P. O. Address *732 Fenway Ferryed.*

**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.**