

7958

FILED APR 13 1945

State File No. ....  
Registrar's No. 2943

Registration District No. 818 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1414 Destrehen Street  
(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) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1414 Destrehen Street  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Katie Little  
3. (b) If veteran, name war \_\_\_\_\_ 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 Thomas Little 6. (c) Age of husband or wife if alive dead years  
7. Birth date of deceased Sept. 23, 1884  
(Month) (Day) (Year)

8. AGE: 81 Years 60 Months 6 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name Not known

13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Little  
(b) Address 4155 Pleasant Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/45  
(Month) (Day) (Year)  
(c) Place: burial or cremation St. Trinity Lutheran

18. (a) Signature of funeral director Edward Hoch  
(b) Address 3516 N. 14th Street  
APR 2 1945

19. (a) \_\_\_\_\_ (b) J. F. Bredenk  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day Sun. 1<sup>st</sup>  
year 45 hour 3 minute 50 A. M.  
21. I hereby certify that I attended the deceased from Jan 6<sup>th</sup>  
1944 to March 31<sup>st</sup> 1945  
that I last saw her alive on March 31<sup>st</sup> 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the liver 7 M.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) Hep

PHYSICIAN \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy None  
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)  
(c) Means of injury \_\_\_\_\_  
23. Signature Dr. D. B. Blaylock (M.D. or other)  
Address 1415 Salisbury (2) Date signed 4/4/45

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

MOTHER FATHER

ce 2376

**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.....

*Ronald O Yahrke*

Licensed Embalmer No..... *3917*

P. O. Address..... *St Louis*

**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.**