V. S. No. 2
DM—9-4-41
Rev. 5-17-39
1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15729

State File No.

FILED JUN 9 1945

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 4851

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:
5300 Winona Ave.
(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)

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. 5300 Winona Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Katherine Wones

3. (b) If veteran, name war

3. (c) Social Security No. 490-03-4016

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 29 (Day) 1894 (Year)

8. AGE: Years 51 Months 4 Days 1 If less than one day hr. min.

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

10. Usual occupation Clerk- Timekeeper

11. Industry or business

FATHER
12. Name Joseph Wones
13. Birthplace StLouis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Caroline Ehret
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Charles A. Wones
(b) Address 5300 Winona Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director John H. Gebken Sons
(b) Address 2630 Gravois Ave.

19. (a) MAY 31 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1945 hour 8.30 minute A M.

21. I hereby certify that I attended the deceased from May 1 - 45, 19, to May 30, 1945; that I last saw him alive on May 30, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis

Due to probably primary

Due to in breasts.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

50

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 R. Berg (M. D. or other) MD

Address 2253 Hebrack Date signed 7/31/45

(Licensed Embalmer's Statement on Reverse Side)

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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave

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.**