

S. No. 2  
DM-5-43  
v. 5-17-39  
P 1 X36671

18903

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **5575**

**FILED** JUL 14 1945  
**818**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County **St. Louis, Mo.**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4946 West Florissant 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. **4946 West Florissant**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Katherine Kenkel**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **25**  
year **45** hour **4:25** minute **P.** M.  
21. I hereby certify that I attended the deceased from **June 1/45**  
\_\_\_\_\_, 19\_\_\_\_ to **June 24/45**, 19\_\_\_\_  
that I last saw her alive on **June 24**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widow**  
6. (c) Age of husband or wife if alive **1866** years

Immediate cause of death **Coronary Arteriosclerosis**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Arteriosclerosis**  
(Include pregnancy within 3 months of death)

7. Birth date of deceased **June 26, 1866**  
(Month) (Day) (Year)  
8. AGE: Years **78** Months **11** Days **29**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **St. Louis, Mo.**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_  
12. Name **Gerhard Herbort**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **Louis Kenkel**  
(b) Address **4951 Rosalie Str.**

17. (a) **Burial** (b) Date thereof **June 28, 45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cemetery**

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? \_\_\_\_\_

18. (a) Signature of funeral director **Bromschwig Und. Co.**  
(b) Address **4746 West Florissant**

23. Signature **Cliff F. Kempfer** (M. D. or other) \_\_\_\_\_  
Address **4842 N. Grand** Date signed **6/26/45**

19. (a) **JUN 27 1945** (b) **J. F. Bradeck**  
(Date received local registrar) (Registrar's signature)

**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..... *J. W. Wilkinson*

Licensed Embalmer No..... *3575*

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.**