

7. S. No. 2
FORM-8-43
rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

24984

FILED JUL 30 1945 STANDARD CERTIFICATE OF DEATH

State File No. 24984

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1867

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Lemay**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **816 Catskill** /
(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 **Mo.** (b) County **St. Louis**

(c) City or town **Lemay**
(If outside city or town limits, write "RURAL")

(d) Street No. **816 Catskill**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT **Katie Hayo**
FULL NAME

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **23**
year **1945** hour **10.40** minute **A. M.**

4. Sex **Female** / 5. Color or race **White**

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

6. (b) Name of husband or wife **George**

6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **November 5 1878**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan. 18, 1945** to **July 23, 1945**; that I last saw her alive on **July 23, 1945**; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	66	8	18	hr. _____ min. _____

Immediate cause of death **Carcinoma of Liver** Duration **3 mos**

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

10. Usual occupation **Housewife**

Due to _____ **46 f.**

Due to _____

11. Industry or business _____

12. Name **William Edler**

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

14. Maiden name **Katherine Froelich**

15. Birthplace **Germany** /
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant **George Hayo**

(b) Address **816 Catskill, Lemay, Mo.**

17. (a) **Burial** (b) Date thereof **7/26/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Natl. Cem. Jeff. Bar. Mo.**
Jos. P. Fendler Jr.

18. (a) Signature of funeral director _____

(b) Address **7128 Michigan Ave**

19. (a) **7-26-45** (b) **E. S. Mc. Gowan**
(Date received local registrar) (Registrar's signature)

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 type of place) _____ (Means of injury)

23. Signature **A. W. Peters** (M. D. or other) **M. D.**

Address **4145 a S. Grand Blvd.** Date signed **7/25**

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

MOTHER FATHER

4195-2 R. Howard
2704 Pine

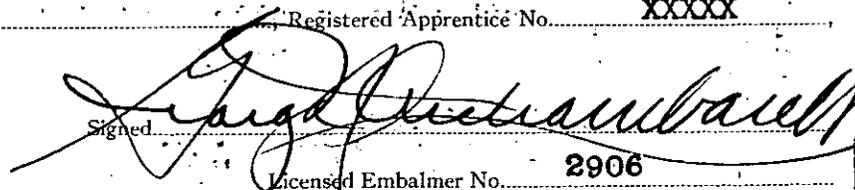
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. **XXXXX**

working under my personal supervision.

Signed .....

Licensed Embalmer No. **2906**

P. O. Address **7128 Michigan 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.