

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3818 Russell Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years
years, months or days

3. (a) PRINT FULL NAME KATHIRINE BORNTRAEG

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 5, 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Naterloo Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business near home

12. Name Charles Borntraeger

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

14. Maiden name Don't know

15. Birthplace Don't know Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant A. J. Kullback

(b) Address Naterloo Ill

17. (a) removal (b) Date thereof 11-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Naterloo Ill

18. (a) Signature of funeral director Aug. M. Daquer

(b) Address Naterloo Ill

19. (a) NOV 20 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3818 Russell Ave.
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Pr

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20 day Nov.
year 1945 hour 2 minute 9 M.

21. I hereby certify that I attended the deceased from 1943
_____ 19____ to _____ 19____
that I last saw him alive on 11/17 _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Vasculature disease; Senility
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(c) 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?

23. Signature J. Grant M.D. (M. D. or other)
Address 55th St. Berkeley Date signed 11/20/45

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER: FATHER:

1400 P. O. BOX 10011

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Ben N. Baldwin

Licensed Embalmer No. 2420

P. O. Address St. Louis, Mo.

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.