

No. 2
1-5-43
5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **712**
Registrar's No. **230**

FILED JAN 21 1946
#2962
318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks
(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 St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1542^a Benton St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME KATE MURDOCK

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

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife David 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 18 1889
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23rd
year 1946 hour 5:00 minute PA M.

21. I hereby certify that I attended the deceased from 11/16/45 to 1/3/46
that I last saw h. er, alive on 1/3/46
and that death occurred on the date and hour stated above.

Immediate cause of death Ca of pancreas

Duration 4

8. AGE: Years 76 Months 8 Days 15
If less than one day

9. Birthplace Moscow Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Wm Kline

13. Birthplace ? ? 9
(City, town, or county) (State or foreign country)

14. Maiden name Anna Maria Tische

15. Birthplace ? ? 9
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Bran

(b) Address 1542^a Benton St.

17. (a) Burial (b) Date thereof 1-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sibleston, Mo.

18. (a) Signature of funeral director Delah Grind Home

(b) Address 4811 Washington Sibleston, Mo.

19. (a) JAN 9 1946 (b) K. Murdock
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Same

Of operations _____

Of autopsy _____

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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature M. Hara (M. D. or other) _____
Address 1515 Lafayette Date signed 1-3-46

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

2500

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.

Not embalmed

Signed *Paul A. Frankel*

Licensed Embalmer No. *3472*

P. O. Address *4911 Washington*

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.