

No. 2  
 Form 2-43  
 Rev. 5-17-39  
 X 3569

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

6968

State File No.

FILED FEB 25 1946

Registration District No.

Primary Registration District No.

3066

Registrar's No.

429

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Berkeley  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
439 W. Argonne Dr. 1  
 (If not in hospital or institution, give 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 Berkeley  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 439 W. Argonne  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Catherine Hayer

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 5  
 6. (b) Name of husband or wife Henry J. Sr. 6. (c) Age of husband or wife if alive Dec. years  
 7. Birth date of deceased Feb 19-1870  
 (Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 30 If less than one day \_\_\_\_\_  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Des Arcs Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Andrew Popp  
 13. Birthplace Germany 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Catherine Biese  
 15. Birthplace Germany 11  
 (City, town, or county) (State or foreign country)

16. (a) Informant Henry W. Luyet

(b) Address 439 W. Argonne Dr

17. (a) Burial (b) Date thereof 2-20-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Gardens

18. (a) Signature of funeral director Louis H. Popp

(b) Address Berkeley Mo

19. (a) 2-20-46 (b) W. M. Garrison  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18 year 1946 hour \_\_\_\_\_ minute 27 M.  
 21. I hereby certify that I attended the deceased from January 1st 1946 to Feb 18 1946

that I last saw her alive on July 18 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis of heart  
2. Hypertension of heart 1937  
3. Atherosclerosis - neck 4/43  
 Due to H. Nactius 7-6-42  
M. L. Jensen

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED  
 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 \_\_\_\_\_ (r) Means of injury \_\_\_\_\_

23. Signature John W. Armstrong (M. D. or other) J.D.  
 Address 321 N. Lindenwood Road Date signed 2-18-46

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

**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 Felix Hernandez  
Licensed Embalmer No. 3034  
P. O. Address Kirkwood 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.**