

1. PLACE OF DEATH:
 (a) County St. Louis Co.
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis Co. Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 34 days
 (Specify whether
 In this community 20 yrs
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Kirkwood
 (If outside city or town limits, write "RURAL")
 (d) Street No. 711 S. Kirkwood Road
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Catherine Mountain
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 1st
 year 1946 hour 8 minute 55 P.M.
 21. I hereby certify that I attended the deceased from March 28, 1946 to May 1st, 1946
 that I last saw her alive on May 1st, 1946
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race wh
 6. (a) Single, widowed, married, divorced single
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: 6 12 61
 (Month) (Day) (Year)

Immediate cause of death Terminal broncho-pneumonia Duration _____

8. AGE: Years Months Days If less than one day
84 10 19 _____ hr. _____ min.
 9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

Due to fractured pelvis
 Due to fracture ribs
 Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation None
 11. Industry or business None
 12. Name James Mountain
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Mae
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

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

MOTHER FATHER

16. (a) Informant Mrs. J.P. Larson, Friend
 (b) Address Re: 4048
 17. (a) Burial (b) Date thereof 5-3-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cem
 18. (a) Signature of funeral director Louis Hopp Jr
 (b) Address Kirkwood, Mo.
 19. (a) 5-3-46 (b) E. M. Gorman
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____ 125
 (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) (e) Means of injury _____
 23. Signature [Signature] (M. D. number) _____
 Address St. Louis Co. Hosp Date signed 5-1-46

SEP 18 1956

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 Durand*

Licensed Embalmer No. *3084*

P. O. Address: *Kirkwood Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 317

Primary Registration District No. 3063

*June
May
963*

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Catherine Mountain

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased June 12 1905
(Month) (Day) (Year)

8. AGE: Years 38 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

13. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____

that I last saw _____ alive on _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings: 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) accident

(b) Date of occurrence 3/25/46

(c) Where did injury occur? Lawrence St + home (City or town) (County) (State) Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (old falls home)

While at work? _____ (Specify type of place) (e) Means of injury fall

23. Signature _____ (M. D. or other)

Address 601 Brentwood Clayton Mo Date signed 5/7/46

SUPPLEMENTARY

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

16794

17905