

FILED FEB 3 1947

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **701**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3223 N. Taylor
(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)

3. (a) PRINT FULL NAME Kate Koring

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Jan. 8 1866
(Month) (Day) (Year)

8. AGE: Years 81 0 11
Months Days If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
12. Name Christ Schulz 4
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Hufnagel
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. William Koring
(b) Address 3223 N. Taylor

17. (a) Burial (b) Date thereof 1/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Arrest Und. Co

(b) Address 3710 N. Grand Blvd.

19. (a) JAN 21 1947 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1017
(If outside city or town limits, write "RURAL")
(d) Street No. 3223 N. Taylor 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19
year 1947 hour 95 minute 05 P.M.

21. I hereby certify that I attended the deceased from Jan 16 1947 to Jan 19 1947
that I last saw her alive on Jan 19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Due to Hyper-tension
Due to Chronic cystitis & Cataractal
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: 95
Of autopsy: 10
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)
(e) Means of injury _____

23. Signature W. H. White (M. D. or other) MD
803 N. Kingshighway Date signed 1-20-47

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 V. E. Morris

Licensed Embalmer No. 3360

P. O. Address.....

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.