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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7121

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1120

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

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: St. Anthony's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town ~~St. Louis~~ Sappington
(If outside city or town limits, write "RURAL")

(d) Street No. Hilltop Drive
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Katherine Werkmeister

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 W

6. (b) Name of husband or wife George

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

7. Birth date of deceased Sept. (Month) 25 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
78	4	6	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name George Ott
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Werkmeister
(b) Address 1220 S. Lindbergh

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director J.L. Ziegenhein & Sons
(b) Address 7027 Gravois

19. (a) FEB 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31 year 1947 hour 6 minute 05 A.M.

21. I hereby certify that I attended the deceased from Jan. 10, 1947 to Jan. 31, 1947; that I last saw her alive on Jan. 30, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia	Duration
	3 wks
Due to Periostitis, Left Femur	
Cellulitis; infection of tissues around left femur	3 wks
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 134
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 0

23. Signature A W Peters (M. D. or other) M.D.
Address 4145 a S. Grand Date signed 2/1/47

(Licensed Embalmer's Statement on Reverse Side)

1120

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.