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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10679

Primary Registration District No. 1005

Registrar's No. 3024

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: City Sanitarium O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19yrs 10mos 4das (Specify whether years, months or days)

In this community 69 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. ~~931 Utah St.~~ 5300 Arsenal
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME KATHERINE COLTER

3. (b) If veteran, name war no

3. (c) Social Security No. no.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Robert C. Colter

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

7. Birth date of deceased December (Month) 8 (Day) ~~1879~~ 1877 (Year)

8. AGE: Years 69 | Months 3 | Days 12 | If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Joseph Wentz

13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER 14. Maiden name Mary Brauer

15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Thelma A. Dingler

(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-47 (Month) (Day) (Year)

(c) Place: burial or cremation S. S. Peter + Paul Cem

18. (a) Signature of funeral director Witt Bros Co Nla

(b) Address 2929 S. Jefferson Av.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th year 1947 hour 3:40 minute A. M.

21. I hereby certify that I attended the deceased from May 1, 1946 to March 20, 1947 that I last saw her alive on March 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rupture of the heart	1 day
Myocardial infarction	3 days
Due to Coronary Thrombosis	3 days
Due to	

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Yes

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 O

23. Signature Paul T. Hartman (M. D. or other)

Address 5400 Arsenal St Date signed 3/20/47

(Licensed Embalmer's Statement on Reverse Side)

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 D. M. Davis

Licensed Embalmer No. 374

P. O. Address 2929 So Jefferson av

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.