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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14928**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3792**

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:
Little Flower Retreat House - 2500 So. 18th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 years
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL")
(d) Street No. Little Flower Retreat House 9
2500 So. 18th St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary A. Catlett
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 9th
year 1947 hour 2 minute _____ P. M.
21. I hereby certify that I attended the deceased from About June 1st
1947 to April 9th 1947
that I last saw her alive on April 9th 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William H. Catlett
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 26 1872
(Month) (Day) (Year)

Immediate cause of death Louise Carcinoma
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
Duration _____

8. AGE: Years Months Days If less than one day
74 5 13 hr. _____ min.

9. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name William J. Tracy

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

14. Maiden name Catherine Brady

15. Birthplace Utica New York
(City, town, or county) (State or foreign country)

16. (a) Informant E. P. McCarthy

(b) Address 705 Olive St.

17. (a) Burial (b) Date thereof Apr. 11, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary
2842 Meramec St.

(b) Address _____
19. (a) APR 10 1947 (b) J. F. Brudeck
(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) _____
(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 Paul B. Webb (b) _____
Address 1915a Selway Date signed 4/10/47

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

MOTHER FATHER

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.....

Joe B. Benz

Licensed Embalmer No. 4249.....

2842 Meramec St.
P. O. Address..... St. Louis, Missouri. 18.....

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.