

No. 2
-12-45
-5-17-39
I X47070

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

FILED JUN 30 1947

Registration District No. **318** Primary Registration District No. **1003**

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

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

In this community.....

3. (a) PRINT FULL NAME **Felix P. Katke**

3. (b) If veteran, name war.....

3. (c) Social Security No. **488-26-8037**

4. Sex **Male** **5. Color or race** **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Frances Teichner Katke**

6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **Jan;13;1879**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	5	2	hr. min.

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

10. Usual occupation **Retired Salesman**

11. Industry or business

MOTHER FATHER

12. Name **John Katke**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Frances Katke**

(b) Address **4217 Sacramento Ave**

17. (a) Burial **(b) Date thereof** **6/18/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Stroot - Carroll**

(b) Address **4600 Natural Bridge Ave**

19. (a) JUN 17 1947 **(b) J. F. Prudek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **003**

(c) City or town **St. Louis,** **17**
(If outside city or town limits, write "RURAL")

(d) Street No. **4217 Sacramento Ave** **9**
10 (If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15**
a. year **1947** hour **1** minute **a** M.

21. I hereby certify that I attended the deceased from **May 4**
1947 to **June 15** **1947**
that I last saw h. **im** alive on **May 28** **1947**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Myocardial Infarction** **3 hours**

Due to **Coronary thrombosis** **4** " "

Due to **Arteriosclerosis of Coronary artery** **4**

Other conditions **Generalized Arteriosclerosis**
(Include pregnancy within 3 months of death.)

Revised Myocardial Infarction which occurred in 1946

Of operations.....

Of autopsy **Confirmed above diagnosis**

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)** **0**
(c) Means of injury

23. Signature **A. M. Skilling, Jr.** **(M. D. or other)** **M.D.**
Address **4500 Olive Street** **Date signed** **6-17-47**
D.N. SKILLING

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 Albert Mayfield
Licensed Embalmer No. 3077
P. O. Address St Louis Mo

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.