

Registration District No. 318 Primary Registration District No. 1111

1. PLACE OF DEATH:

(a) County MISSOURI
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MARIAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 MONTHS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CATHERINE KILLIAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife ELMER (c) Age of husband or wife if alive 47 years
7. Birth date of deceased: DEC. 11 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 6 11 hr. _____ min.

9. Birthplace: ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

MOTHER FATHER { 12. Name ALBERT URBAN
13. Birthplace MO
(City, town, or county) (State or foreign country)
14. Maiden name CATHERINE NIEMEYER
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant ELMER KILLIAN
(b) Address 5304 NAGEL

17. (a) BURIAL (b) Date thereof JUNE 26 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. PAUL'S CHURCHYARD

18. (a) Signature of funeral director Thomas Kuti's son
(b) Address 2906 GRAVOIS
19. (a) JUN 24 1947 (b) J. F. Murray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 080
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5304 NAGEL 9
2 (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 22
year 1947 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2-1-47
to 6-22-47 1947
that I last saw h. EL alive on 6-22-47 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus and entire abdominal viscera
Duration 10 Mo
Due to Carcinoma of P. Broad Primary

Due to _____
Other conditions X
(Include pregnancy within 3 months of death)

Major findings: X
Of operations _____
Of autopsy X 70
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? _____ (c) Means of injury _____
23. Signature J. F. Murray (M. D. or other)
Address 900-B Russell Date signed 6-23-47

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.....

Leo J. Budde

Licensed Embalmer No. *3989*

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.