. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1947 #93257

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 25818

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6756

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (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 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4659 St. Ferdinand 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME KATIE MACHOLD

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 widowed

6. (b) Name of husband or wife Alfred G.

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

7. Birth date of deceased Jan. (Month) 23 (Day) 1871 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 76 | 5 | 23 | hr. min. |

9. Birthplace Indianapolis, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Leopold Steiret
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Sabine Noe
(b) Address 4659 St. Ferdinand

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director [signature]
(b) Address 2117 E. Grand Blvd.

19. (a) JUL 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th
year 1947 hour 11:00 minute P M.

21. I hereby certify that I attended the deceased from 7/11/47
19 , to July 16th 1947
that I last saw her alive on July 16th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Ascending Colon

Due to

Due to

Other conditions [signature]
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not Done

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence

(c) Where did injury occur? None (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 (Name of injury)

23. Signature [signature] M.D.
Address 1515 Lafayette 7/17/47 Date signed

Jefferson City Printing Co.

(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 Frank A Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

**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.**