V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 18 1947 #72225

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 26145

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 6766

1. PLACE OF DEATH:
(a) County .....
(b) City or town St. Louis, Mo.
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County .....
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2901 Rauschenbach Ave
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME KATE TONNSEN
3. (b) If veteran, name war .....
3. (c) Social Security No. 499-28-4194
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Jan (Month) 8 (Day) Th (Year) 1887
8. AGE: Years 60 Months 6 Days 8 If less than one day ..... hr. ..... min.
9. Birthplace Independence (City, town, or county) Mo (State or foreign country)
10. Usual occupation Seamstress
11. Industry or business .....
MOTHER FATHER
12. Name Not Known
13. Birthplace " " " " (City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace " " " " (City, town, or county) (State or foreign country)
16. (a) Informant Joseph Zoellig
(b) Address 2901 Rauschenbach
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul 19 Th 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N 14 Th Str
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 6:15 minute P M.
21. I hereby certify that I attended the deceased from 6/10/47, 19..., to July 16th, 19 47 that I last saw him alive on July 16th, 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Confluent Bronchopneumonia	
Due to: Myocardial Infarction	days weeks
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hypertension disease	
Major findings: Of operations: none	
Of autopsy: As above	

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? ..... (e) Means of injury .....
23. Signature Robert Gilbert M.D.
Address 1515 LaSalle Date signed 4/17/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Roy E. Campbell

Licensed Embalmer No. 3881

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.