S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

#1928

FILED DEC 6 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40309

Registrar's No. 10943

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 St. Louis City Hospital-Max C. Starkloff
(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. 4270 Maffitt Ave. 9
Memorial (If rural, give location) 10

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CATHERINE WASSER

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

6. (b) Name of husband or wife Harry Wasser

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July 1st 1874
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	4	27	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Thomas Shea 4

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

14. Maiden name Bridget Brennan

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

16. (a) Informant Mr. Harry Wasser-Husband,

(b) Address 4270 Maffitt Avenue,

17. (a) burial (b) Date thereof 12-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ann's Cemetery

18. (a) Signature of funeral director Sullivan Brothers,

(b) Address 2849 North Euclid Avenue

19. (a) NOV 30 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28th
year 1947 hour 6:35 minute A M.

21. I hereby certify that I attended the deceased from 11/24/47
Nov. 28th, 19 47, to Nov. 28th, 19 47;
that I last saw him alive on Nov. 28th, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Liver	?
Due to Carcinoma of Sigmoid Colon ?	
Due to Intestinal Obstruction	3 dys
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)

(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 kind of place)

While at work? (e) Means of injury

23. Signature [illegible] (M.D. or other)

Address 1543 Lafayette Date signed 11/28/47

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 Elmo R. Caldwell

Licensed Embalmer No. 4077

P. O. Address _____

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.