No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2674

FILED JAN 16 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 180

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: 5025 Cabanne Ave
(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

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

(d) Street No. 5025 Cabanne Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Katherine Joergens

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased October (Month) 23 (Day) 1863 (Year)

8. AGE: Years 84 Months 2 Days 14 If less than one day hr. min.

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

10. Usual occupation At. Home

11. Industry or business

MOTHER FATHER

12. Name Peter Laux

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

14. Maiden name Katherine Schieda

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

16. (a) Informant Gilbert W. Joergens

(b) Address 5025 Cabanne Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-48 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 E. Fair Ave.

19. (a) JAN 7 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6 year 1948 hour 7 minute 00 p.m.

21. I hereby certify that I attended the deceased from 9-24, 1947, to 1-6, 1948, that I last saw him alive on 1-5, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ch. Myocarditis	3 yrs
Due to	
Due to	
Other conditions none (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 type of place)

While at work (e) Means of injury

23. Signature A F Remer (M. D. or other)

Address 1255 N. Kingshighway Date signed 1-7-48

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 Wilford G. Burnley

Licensed Embalmer No. 4208

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.