

Registration District No. 29487

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Creve Coeur Lake
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1st & Marine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20-Years years, months or days)

3. (a) PRINT FULL NAME Emma K. Kaatman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Raymond A.

6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased Aug. 20 1891
(Month) (Day) (Year)

8. AGE: 56 Years 5 Months 28 Days
57 hr. _____ min.

If less than one day

9. Birthplace Spring Bluff Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James Criswell

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

14. Maiden name Anna Mary Veetin

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

16. (a) Informant Raymond A. Kaatman

(b) Address Creve Coeur, Mo. R#2

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 2-21-48
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director William H. ...

(b) Address 2504 Woodson Rd - Overland Mo.

19. (a) 2-20-48 (Date received local registrar)

(b) Beulah ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 91

(c) City or town Creve Coeur Lake
(If outside city or town limits, write "RURAL")

(d) Street No. 1st & Marine
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18
year 1948 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct. 1
1947 to Feb. 18 1947
that I last saw her alive on Feb. 17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Chr. myocarditis
Hypothyroidism -
Toxic nodular goiter

Due to _____

Due to 63d

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

Major findings: Ch. superior thyroid
Of operations ligation nov. 1947

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Ch. Denny (M. D. or other) md

Address Creve Coeur, Mo. Date signed 2-19-47

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

SEP 16 1948

MAR 3 1948

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, 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.