S. No. 2
A—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14595
3998
Registrar's No.

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

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: Parklane Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST. LOUIS
(c) City or town OVERLAND MO 63
(If outside city or town limits, write "RURAL")
(d) Street No. 2409 BRISTOW AVE
(If rural, give location) N.R.
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KATHERINE M. ROSENFELDER
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HENRY
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased JAN. (Month) 10 (Day) 1879 (Year)
8. AGE: Years 69 Months 3 Days 15 If less than one day hr. min.
9. Birthplace CREVE COEUR (City, town, or county) MO (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
MOTHER FATHER
12. Name HERMAN SANDOZ
13. Birthplace (City, town, or county) FRANCE (State or foreign country)
14. Maiden name ELIZABETH NEFF
15. Birthplace (City, town, or county) FRANCE (State or foreign country)
16. (a) Informant Henrey Rosenfelder
(b) Address 2409 - Bristow ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation ST. PAUL, EV. CEM.
18. (a) Signature of funeral director Baumann Bro
(b) Address 2 STY - Woodson Rd Overland
19. (a) APR 28 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month april day 25 year 1948 hour minute 6 39 p.m.
21. I hereby certify that I attended the deceased from 3-13-48, 19..., to 4-25-48, 19...; that I last saw him alive on 4-25-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal Obstruction	2 mo
Due to: Metastatic Carcinoma (Primary L. Breast)	
Due to:	
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 type of place)
While at work? (e) Means of injury
M. Signature James R. Meador (M. D. or other)
Address 55 Central Date signed 4-27-48

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 Oscar F Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.