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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17800

Registrar's No. 5186

WRITE PLAINLY—USE 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: Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 060

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 3400 S. Grand Blvd. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Katherine Machacek

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

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

8. AGE: Years	Months	Days	If less than one day
74	3	4	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business

FATHER
12. Name Not known 9
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace Not known 9 (City, town, or county) (State or foreign country)

16. (a) Informant David Elder
(b) Address 8715 Delano Dr. Normandy, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John H. Gebken Sons Und. Co.
(b) Address 2630 Gravois Ave.

19. (a) JUN 6 1948 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th year 1948 hour 4, 30 minute A M.

21. I hereby certify that I attended the deceased from May 1 1948 to June 5 1948 that I last saw h alive on June 5 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Died Suddenly — Duration 1 hour

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) No

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. L. Dunlap M.D. (M.D. or other)

Address 60 J. W. Groves Date signed June 5 1948

(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 Robert T. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.