

**MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH**

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

State File No. **24342**

FILED AUG 6 1948

Registration District No. **848**

Primary Registration District No. **1005**

Registrar's No. **6560**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri.**
 (b) City or town **St. Louis, Missouri.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) **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)

3. (a) PRINT FULL NAME **CATHERINE HARLE**

3. (b) If veteran, name war **No** 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 **George Harle** 6. (c) Age of husband or wife if alive **16** years **1867**
 7. Birth date of deceased **Nov 16 1867**
 (Month) (Day) (Year)

8. AGE: Years **80** Months **8** Days **7** If less than one day **hr. min.**

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

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Frank Chila** **4**
Germany

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

14. Maiden name **Unk**
Unk

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

16. (a) Informant **George Harle**
1646 So. Theresa
 (b) Address.....

17. (a) **Burial** (b) Date thereof **7/26/48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **Albert H. Hoppe**
4700 Washington Blvd.
 (b) Address.....

19. (a) **JUL 26 1948** (b) **J. P. Bredisch**
 (Date received local registrar) (Registrar's signature)

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. **2856 Wyoming** **9**
Memorial 24 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **23rd**
 year **1948** hour **11** minute **05** A. M.

21. I hereby certify that I attended the deceased from **2/20/48**
, 19....., to **July 23rd** 19 **48**.
 that I last saw her alive on **July 23rd** 19 **48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Saddle Thrombus**
of abdominal aorta

Due to **Arteriosclerosis & Hypertension**

Due to **MI**

Other conditions **Thrombosis of r.t. lenticulostriate artery**
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations.....

Of autopsy **Same**

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 name of place)
 (e) Means of injury.....

23. Signature **William M. Landon, M.D.**
1515 Lafayette **7/23/48**
 Address..... Date signed.....

MOTHER, FATHER

Duration **2 wks**

Underline the cause of which death should be charged statistically.

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. Cadwell*

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.