

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27780

State File No. ....

Registrar's No. 7615

Registration District No. 318

Primary Registration District No. 1005

1. PLACE OF DEATH:

(a) County ST. LOUIS MO  
(b) City or town ST. LOUIS MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: LUTHERAN HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 WEEKS  
In this community 60 YRS. (Specify whether years, months or days)

3: (a) PRINT FULL NAME KATIE HARSCH  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife OSCAR 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased MARCH 30 1875  
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name CHRIST DAHMER  
13. Birthplace ILLINOIS  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace ILLINOIS  
(City, town, or county) (State or foreign country)

16. (a) Informant OSCAR HARSCH  
(b) Address 4656 DAHLIA  
17. (a) BURIAL (b) Date thereof AUG. 31 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS  
Thos. Kuttis & Son  
18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 2906 GRAVOIS  
19. (a) AUG 30 1948 (b) J. F. Breckner  
(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. 4656 DAHLIA 9  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 28  
year 1948 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from June 3  
1948 to Aug 28, 1948  
that I last saw her alive on Aug 28, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes  
Duration years

Due to \_\_\_\_\_  
Due to 61

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

Signature A. J. Johnson (M.D. or other) MD  
Address 6400 Morganfield Date signed 8-30-48

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

2 to 4-00 P. M.

the 11/16

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 Sam C. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Harris

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.