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#89299  
FEDERAL BUREAU OF VITAL STATISTICS  
National Office of Vital Statistics  
FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27930  
State File No. \_\_\_\_\_  
7662  
Registrar's No. \_\_\_\_\_

Registration District No. **318**  
Primary Registration District No. \_\_\_\_\_

**1003**

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

**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) Name of hospital or institution:  
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** Emil Katolin, La Grange  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security No.** \_\_\_\_\_

**4. Sex** male **5. Color or race** white **6. (a) Single, widowed, married, divorced** married

**6. (b) Name of husband or wife** Mabel Calvert **6. (c) Age of husband or wife if alive** 46 years

**7. Birth date of deceased** April 13 1899  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>4</u>	<u>16</u>	hr. _____ min. _____

**9. Birthplace** Servia  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Proprietor

**11. Industry or business** Used Furniture Store

**12. Name** John Katolin  
**13. Birthplace** Servia  
(City, town, or county) (State or foreign country)

**14. Maiden name** Elizabeth Von Sieber  
**15. Birthplace** Servia  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Mabel LaGrange  
**(b) Address** 1337 Fairview II, City, Mo.

**17. (a)** burial **(b) Date thereof** 9-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Oak Grove

**18. (a) Signature of funeral director** Alexander & Sons  
**(b) Address:** AUG 31 1948 6175 Delmar Blvd.

**19. (a)** \_\_\_\_\_ **(b)** J. F. Brodack  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
Street No. 2722 Chippewa St.  
Memorial (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 29th  
year 1948 hour 9 minute 50 AM

**21. I hereby certify that I attended the deceased from** 8/26/48  
\_\_\_\_\_ 19\_\_\_\_ to Aug. 29th 19\_\_\_\_ 48  
that I last saw him in live on Aug. 29th 19\_\_\_\_ 48  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
metastatic Brain  
tumor Malignant  
Due to Primary site  
Due to Unknown

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**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 \_\_\_\_\_  
E. H. Cason, M.D.  
**23. Signature** 1515 Lafayette (M, D. or other)  
Address \_\_\_\_\_ 8/30/48  
Date signed \_\_\_\_\_

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**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

*Thomas R Fenwick*

Licensed Embalmer No.

*3793*

P. O. Address

*6175 Delmar*

**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.**