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FILED OCT 9 1948

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State File No.

Registrar's No. 8596

Registration District No. Primary Registration District No.

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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Hrs.
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County San
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9

(d) Street No. 2211 E. College Ave
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Katherine Thoene

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased June 8 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 3 22 hr. min.

9. Birthplace: Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Charles Beck

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Lily Lucy

(b) Address 867 Cowan Ave

17. (a) Burial (b) Date thereof 10-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director: Math. Hermann & Son, Inc.

(b) Address OCT 21 1948 E. Fair Ave

19. (a) J. F. Budeck (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
year 1948 hour 9 minute 00 p.m.

21. I hereby certify that I attended the deceased from April 15
1948, to Sept 30, 1948
and that death occurred on the date and hour stated above.

that I last saw h..... alive on Sept 29, 1948

Immediate cause of death Carcinoma of thyroid gland

Due to 55

Other conditions metastasis in both lungs

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? 0

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Aloysius A. Kell (M. D. or other) 170

Address 3901 W. Florissant Date signed 10/1/48

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

MOTHER FATHER

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 *William G. Burkho*

Licensed Embalmer No. *2118*

P. O. Address *St. Louis*

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.