

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 31662
8148
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>8148</u>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS,</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS,</u>		d. STREET ADDRESS (If rural, give location) <u>4567 HARRIS AVE</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4567 HARRIS AVE</u>				d. STREET ADDRESS (If rural, give location) <u>4567 HARRIS AVE</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIE</u>		b. (Middle) _____		c. (Last) <u>CATLETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9/19/49</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>2/26/1902</u>			
9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>U</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>EDWARD QUINN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY WALSH</u>		14. NAME OF HUSBAND OR WIFE <u>ARCH CATLETT</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ARCH CATLETT</u> ADDRESS <u>4567 HARRIS AVE</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of left breast & metastasis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u>	
19a. DATE OF OPERATION <u>1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of left breast</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>MO</u>		21f. HOW DID INJURY OCCUR? <u>170X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Feb 24</u> 19 <u>49</u> , to <u>Sept 19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept 19</u> , 19 <u>49</u> , and that death occurred at <u>11:30 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>John J. Fitch M.D.</u> (Degree or title)		23b. ADDRESS <u>4703 Carter Ave. St. Louis</u>		23c. DATE SIGNED <u>9-20-49</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9/23/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>			
DATE REC'D BY LOCAL <u>SEP 21 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Laster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STROOT - CARROLL</u> ADDRESS <u>4600 NATURAL BRIDGE</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ben Hoffman

Licensed Embalmer No. *4366*

P. O. Address. *St Louis, MO*

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.