

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6436
1971

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		d. STREET ADDRESS (If rural, give location) 5361 PAGE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANNS HOME				d. STREET ADDRESS (If rural, give location) 5361 PAGE			
3. NAME OF DECEASED (Type or Print) a. (First) KATHERINE			b. (Middle) _____			c. (Last) LEFEN	
4. DATE OF DEATH (Month) (Day) (Year) 2-27-1950		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH July 30-1870		9. AGE (In years last birthday) 79		If UNDER 1 YEAR Months 6 Days 27		If UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? 4	
13a. FATHER'S NAME Joseph KOLF		13b. MOTHER'S MAIDEN NAME LUCIA NDESGES		14. NAME OF HUSBAND OR WIFE DECEASED - CLEMENS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MM. HUMARTUS 1938 SIDNEY			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Branch pneumonia Lc left ankle suffered July 12 1950 about 8:00 pm Grand - Washington Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. whether as a result of falling near driveway or as a result of being struck by Public Service bus operated by the Grand II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Living man, could not determine AND Accident					19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. 9215		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 12 50 8:20 p.m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 46					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, _____, from the causes and on the date stated above.							
23a. SIGNATURE Cathel E Taylor Cor.			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2 28 50		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-2-1950		24c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. FEB 28 1950		REGISTRAR'S SIGNATURE L. B. Lasater		FUNERARY DIRECTOR'S SIGNATURE ADDRESS Engelbrecht 3819 S Grand Blvd.			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed George Klingbermehl

Licensed Embalmer No. 4611

P. O. Address St Louis - 5717

Signed.....
Student Embalmer

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.