

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31756**
Registrar's No. **17790**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE 3908 Delmar b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS 2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital		d. STREET ADDRESS (If rural, give location) 5400 Arsenal St.	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) LULA KATEWIK	b. (Middle) *	c. (Last) KETCHUM	(Month) (Day) (Year) Sept. 10, 1950
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widow	8. DATE OF BIRTH 8/4/64
9. AGE (In years last birthday) 86		10. MONTHS 1	11. DAYS 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Widow		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Haefling	13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Dorothy M. Edwards	ADDRESS 6141 Elizabeth
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, right centre lobe		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4570

22. I hereby certify that I attended the deceased from **June 4, 1948**, to **Sept. 10, 1950**, that I last saw the deceased alive on **Sept 10, 1950**, and that death occurred at **2:15a m.**, from the causes and on the date stated above.

23a. SIGNATURE Chas. J. ... MD	23b. ADDRESS 5400 Arsenal St.	23c. DATE SIGNED 9/11/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-14-50	24c. NAME OF CEMETERY OR CREMATORY CALVARY	24d. LOCATION (City, town, or county) (State) ST LOUIS Mo
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DATE REC'D BY LOCAL REG. SEP 14 1950	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE Gullen Kelly	ADDRESS 4386 Lindell
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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

Students of Mortuary College

working under my personal supervision.

Student Embalmer No.....

Signed

James H. Lemmer

Signed.....
Student Embalmer

Licensed Embalmer No. 4142

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.