

FILED OCT 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35006

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8282

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo.
 c. LENGTH OF STAY (In this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE MO b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) 2509 St. Louis
 d. STREET ADDRESS (If rural, give location) St. Ag. Pacific Hotel

3. NAME OF DECEASED
 a. (First) _____ b. (Middle) _____ c. (Last) _____
 4. DATE OF DEATH (Month) (Day) (Year) _____

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH Feb 14-1886 9. AGE (In years last birthday) 64 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 11. BIRTHPLACE (State or foreign country) MO 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME FRED KATHOFF 13b. MOTHER'S MAIDEN NAME SOPHIA ULY 14. NAME OF HUSBAND OR WIFE _____

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 D. Baker ADDRESS 2331 W. Main St.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia and pneumonia
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) urethral stricture
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 10-3-50 19b. MAJOR FINDINGS OF OPERATION Gangrene of penis + abdominal wall 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 617X

22. I hereby certify that I attended the deceased from 10/3, 1950, to 10/8, 1950, that I last saw the deceased alive on 10/8, 1950, and that death occurred at 6:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE H. Pennington M.D. 23b. ADDRESS 1515 Lafayette Av. 23c. DATE SIGNED 10/9/1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried 24b. DATE Oct 18-1950 24c. NAME OF CEMETERY OR CREMATORY CALVARY 24d. LOCATION (City, town, or county) (State) St. Louis MO

DATE REC'D BY LOCAL REG. OCT 17 1950 REGISTRAR'S SIGNATURE J. B. Pasater 25. FUNERAL DIRECTOR'S SIGNATURE Quibler-Kelly ADDRESS 4366 N. Main

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 College of Mortuary Science
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed James G. Lammers

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.