

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2793
548

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS Mo		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2718 S. 9th ST.		e. STREET ADDRESS (If rural, give location) 2718 S. 9th ST.	
3. NAME OF DECEASED (Type or Print) a. (First) KATHERINE b. (Middle) MAYFIELD c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) JAN. 16 1951	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 24 1876
9. AGE (In years last birthday) 74		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	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 HENRY SEITZ		13b. MOTHER'S MAIDEN NAME BARBARA HEIMBERGER	
14. NAME OF HUSBAND OR WIFE JOHN MAYFIELD		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 JOHN MAYFIELD 2718 S. 9th 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>arteriosclerotic heart disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i> DUE TO (c) <i>chronic nephritis</i> 2. 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 type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>592X</i>		22. I hereby certify that I attended the deceased from <i>11/27</i> , 1950, to <i>1/15</i> , 1951, that I last saw the deceased alive on <i>1/15</i> , 1951, and that death occurred at <i>11:45</i> a.m., from the causes and on the date stated above.	
23a. SIGNATURE <i>J. G. Grunick M.D.</i>		23b. ADDRESS <i>5521 S. Parkway</i>	
23c. DATE SIGNED <i>1/18/51</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	
24b. DATE <i>JAN. 19 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>RESURRECTION CEM.</i>	
24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas Kutis</i>	
25. ADDRESS <i>2906 Beauvoir</i>		DATE REC'D BY LOCAL REG. <i>JAN 18 1951</i>	
REGISTRAR'S SIGNATURE <i>J. B. Sasater</i>		25. ADDRESS	

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.....

Leo J. Budde

Signed.....

Student Embalmer

Licensed Embalmer No.....

3989

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.