S. No. 300
V. 10.48

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

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6004

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1843

1. PLACE OF DEATH
a. COUNTY: 2054
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST.LOUIS.MO
c. LENGTH OF STAY (In this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1260 GOODFELLOW AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: 5
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST.LOUIS.MO
d. STREET ADDRESS (If rural, give location): 1260 GOODFELLOW AVE

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): KATHERINE DE.PREZ
4. DATE OF DEATH (Month) (Day) (Year): FEB.24.1951
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN.21.1896
9. AGE (In years last birthday): 55 — If under 1 year: Months, Days — If under 1 day: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): DECATUR,ILL.
12. CITIZEN OF WHAT COUNTRY?:
13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: HAROLD.C.DE.PREZ
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: HAROLD.C.DE.PREZ. HUSBAND — ADDRESS: 1260 GOODFELLOW AVE.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Ruptured Heart

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:
19b. MAJOR FINDINGS OF OPERATION:
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: N.A.

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* 800 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Patrick E. Taylor (Degree or title): Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: FEB 25 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB.26.1951
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK.
24d. LOCATION (City, town, or county) (State): ST.LOUIS.COUNTY

DATE REC'D BY LOCAL REG.: FEB 25 1951
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: SULLIVAN FUNERAL DIR — ADDRESS: 2849 N.EUCLID.AVE
(Licensed Embalmer's Statement on Reverse Side)

Coroner
3 C.C.

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 Gustav W. Dietle

Signed.....
Student Embalmer

Licensed Embalmer No. 4329

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.