

FILED APR 9 1951

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.

REG. DIST. NO. **318**PRIMARY REG. DIST. **1003**Registrar's No. **2763**

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 town) St. Louis		c. 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. FULL NAME OF HOSPITAL OR INSTITUTION 1308 Rear Arsenal St.		STREET ADDRESS (If rural, give location) 1308 Rear Arsenal St.	
3. NAME OF DECEASED (Type or Print) Catherine (Katie)		4. DATE OF DEATH (Month) (Day) (Year) March 22, 1951	
a. (First)		b. (Middle)	
c. (Last) Breidenbach			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 17, 1894
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months 2	IF UNDER 12 HRS. Days 5 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Joseph Heitmann		13b. MOTHER'S MAIDEN NAME Helena Hemmen	14. NAME OF HUSBAND OR WIFE August Breidenbach
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 ADDRESS August Breidenbach 1308 rear Arsenal 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rectal Carcinoma	
INTERVAL BETWEEN ONSET AND DEATH 5 days		INTERVAL BETWEEN ONSET AND DEATH 5 months	
19a. DATE OF OPERATION Dec 12-51	19b. MAJOR FINDINGS OF OPERATION Rectal Carcinoma		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1574X	
22. I hereby certify that I attended the deceased from Dec 6, 1950 , to Mar 22, 1951 , that I last saw the deceased alive on March 22, 1951 and that death occurred at 4:55 P m., from the causes and on the date stated above.			
23a. SIGNATURE W. Scisbury (Dress or title)		23b. ADDRESS 3548 Sidney St	23c. DATE SIGNED 3/23/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/26/51	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
DATE REC'D BY LOCAL REG. MAR 25 1951	REGISTRAR'S SIGNATURE J. B. Lavater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois Ave.	

(Licensed Embalmer's Statement on Reverse Side)

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 Robert T. Gibben

Signed.....
Student Embalmer

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.