

No. 300  
10. 48

FILED MAR 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11106

Registrar's No. 654

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Ballwin</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Creve Coeur</b>	
c. LENGTH OF STAY (In this place) <b>13</b>		d. STREET ADDRESS (If rural, give location) <b>Olive Street Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pine Crest Home #1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>Kaatmann</b> c. (Last) <b>Kaatmann</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 12, 1951</b>		
---	--	--	--	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 20, 1868</b>	9. AGE (In years last birthday) <b>83</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Laborer</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Unemployed</b>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <b>Theodore Kaatmann</b>		13b. MOTHER'S MAIDEN NAME <b>Helen Hoffermann</b>		14. NAME OF HUSBAND OR WIFE <b>Ella Dcd.</b>	
---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Vera Behrman</b>		ADDRESS <b>Creve Coeur, Mo.</b>	
---	--	-------------------------------------	--	---	--	---------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>				INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>unknown</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma of liver</b>				<b>?</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>443XH</b>				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1 Feb.**, 19**51**, to **12 Feb.**, 19**51**, that I last saw the deceased alive on **12 Feb.**, 19**51**, and that death occurred at **6:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. P. Bennett, M.D.</b> (Degree or title) <b>0</b>		23b. ADDRESS <b>243 W. Jefferson / Kirkswood, Mo.</b>		23c. DATE SIGNED <b>3-13-51</b>	
--	--	---	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-14-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Monica Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Creve Coeur, Mo.</b>	
---	--	----------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <b>3/13/51</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Baymann Bros Inc.</b> ADDRESS <b>2504 Woodson Rd. Overland-14-Mo.</b>	
---	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

*Handwritten signature*

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Chesterland 14 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.