

FILED APR 20 1951

STANDARD CERTIFICATE OF DEATH

100's State File No. 3046
Registrar's No. 3046

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100's

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		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 3 yrs		d. STREET ADDRESS (If rural, give location) 5400 Arsenal St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital			

3. NAME OF DECEASED (Type or Print) CATHERINE VERHEECKE	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 31. 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 19, 1862	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR (Months) 7	IF UNDER 6 HRS. (Hours) 11	IF UNDER 15 MIN. (Mins.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (State or foreign country) Holland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ? Versage	13b. MOTHER'S MAIDEN NAME Dont Know	14. NAME OF HUSBAND OR WIFE Bernard
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Louise Wiegert	ADDRESS 2131 Victor St.
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1948x
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? H207
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22. I hereby certify that I attended the deceased from Jan. 1, 19 51, to Mar. 31, 19 51, that I last saw the deceased alive on Mar. 31, 1951, and that death occurred at 3:20p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Lowry Brown, M.D.	23b. ADDRESS 5400 Arsenal St.	23c. DATE SIGNED 3/31/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/4/51	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. APR 2 1951	REGISTRAR'S SIGNATURE J. B. Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Gebken Sons	ADDRESS 2630 Gravois. St. Louis
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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 F. Gibben

Signed.....

Student Embalmer

Licensed Embalmer No. *4144*

P. O. Address *2630 Greville*

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.