

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 15 1951

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State File No. 17911  
Registrar's No. 5022

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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) OR TOWN S.T. LOUIS		c. LENGTH OF STAY (In this place)		10. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTIAN HOSP.				d. STREET ADDRESS (If rural, give location) 4040 GREER AVE			
3. NAME OF DECEASED (Type or Print) MARY		a. (First)		b. (Middle)		c. (Last) CATTELL	
4. DATE OF DEATH 5-30-1951		(Month) (Day) (Year)		5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 11-16-1866		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MASCOUTAH, ILL.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Christian Zimmerman		13b. MOTHER'S MAIDEN NAME Cordelia O'Dell		14. NAME OF HUSBAND OR WIFE Thomas			
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.		17. INFORMANT'S SIGNATURE OR NAME Theo Camm Jr			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 10 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) Chronic Hepatitis				DUE TO (c) Arteriosclerosis	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Chronic Hepatitis, alcoholism				Sudden	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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? 592X					
22. I hereby certify that I attended the deceased from 5/24, 1951, to 5/29, 1951, that I last saw the deceased alive on 5-30, 1951, and that death occurred at 5:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Theo Camm Jr				23b. ADDRESS 7503 Florissant Rd.		23c. DATE SIGNED 5/30/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-1-51		24c. NAME OF CEMETERY OR CREMATORY Valhalla		24d. LOCATION (City, town, or county) (State) St Louis Mo.	
DATE REC'D BY LOCAL REG. MAY 31 1951		REGISTRAR'S SIGNATURE J. B. Karater		25. FUNERAL DIRECTOR'S SIGNATURE A. Krow Hills			
				ADDRESS 2707 N Grand			

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

*Gustav W. Dietrich*

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.