

FILED JUN 2, 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19097

State File No.
Registrar's No. 35

BIRTH NO. REG. DIST. NO. 219 PRIMARY REG. DIST. NO. 6079

0950
D

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL ST. LOUIS</u> <u>0950</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>STAR ROUTE 1</u> <u>6</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STAR ROUTE 1</u>			
3. NAME OF DECEASED a. (First) <u>CATHERINE</u> b. (Middle) <u>PHILORENA</u> c. (Last) <u>HARTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 15 1951</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 28 1878</u>
9. AGE (In years last birthday) <u>73</u>		10. UNDER 1 YEAR Months	11. UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>ZELL MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>ANTON PFAFF</u>		13b. MOTHER'S MAIDEN NAME <u>MILDALENA ROTH</u>	
14. NAME OF HUSBAND OR WIFE <u>ALBERT HARTER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dora Bailey Co. Gummans Inc 5, 2001 1</u>	
17. ADDRESS <u>5, 2001 1</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Dilatation</u>		MEDICAL CERTIFICATION <u>Apoptotic Hemorrhage</u> <u>Cerebral Haemorrhage</u> <u>Arterio Sclerosis</u> <u>Arterio Hypertension</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>March 1951</u> <u>15 yrs</u>	
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 <u>331X</u>	
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			
22. I hereby certify that I attended the deceased from <u>March 1949</u> , to <u>May 15, 1951</u> , that I last saw the deceased alive on <u>May 11, 1951</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. D. Applegate</u>		23b. ADDRESS <u>St. Louis, Mo</u>	
23c. DATE SIGNED <u>May 16 1951</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>MAY 17 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST JOSEPH Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>ZELL MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Res. C. Bailey Co. Gummans Inc</u>	
25. ADDRESS <u>5, 2001 1</u>		DATE REC'D BY LOCAL REG. <u>May 19-51</u>	
REGISTRAR'S SIGNATURE <u>Teresa M. Carl - Depo</u>		REG. NO. <u>0350</u>	

File No.

DISTRICT HEALTH OFFICE No. 4

MAY 28 1951

RECEIVED

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

Adrian J. Eller

Licensed Embalmer No. *4740*

P. O. Address *St. Duvigne, 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.