

FILED SEP 3-1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29653
Registrar's No. 7878

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7878			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY 2179	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word				d. STREET ADDRESS (If rural, give location) 3425 Henrietta				17	
3. NAME OF DECEASED (Type or Print) a. (First) Katherine			b. (Middle)		c. (Last) Kafka		4. DATE OF DEATH (Month) (Day) (Year) Aug. 17, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 25 1873		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Mo.		12. CITIZEN OF WHAT COUNTRY? 0		
13a. FATHER'S NAME Peter Koester			13b. MOTHER'S MAIDEN NAME Christina Niestrath			14. NAME OF HUSBAND OR WIFE Joseph J. Kafka			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME Edna Nies				ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</p> <p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>				<p>(a) Pulmonary embolism</p>				1 hr.	
				<p>ANTECEDENT CAUSES</p> <p>(b) Congestive heart failure</p>					
				<p>(c) Hypostatic Pneumonia</p>					
<p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>				<p>(d) Fracture V lumbar vertebra</p>				3 wks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis 000 Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 25 1952 6:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell ON OWN PORCH 9:30					
22. I hereby certify that I attended the deceased from 7/6, 1952, to 8/17, 1952, that I last saw the deceased alive on 8/17, 1952, and that death occurred at 2:55 P.M., from the causes and on the date stated above. 20									
23a. SIGNATURE (Degree or title) John B. Sumner, M.D.				23b. ADDRESS 2531 S. Jefferson			23c. DATE SIGNED 8/18/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Aug. 20 52		24c. NAME OF CEMETERY OR CREMATORY Valhalla Chapel		24d. LOCATION (City, town, or county) (State) St. Louis Cty. Mo.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 19 1952 J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE E. J. SCHNUR			ADDRESS 3125 Lafayette Ave				

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

NOV 26 1956

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 Joe B. Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.