

STANDARD CERTIFICATE OF DEATH

36051

State File No.

MED OCT 27 1952

1923
1

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles	
c. LENGTH OF STAY (In this place) 6 yrs		d. STREET ADDRESS (If rural, give location) 735 Clark St	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 735 Clark St			

3. NAME OF DECEASED (Type or Print) Fritz			4. DATE OF DEATH (Month) (Day) (Year) October 19 1952		
a. (First)		b. (Middle)		c. (Last)	
Kathmann		Kathmann		Kathmann	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 13 1863	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 11 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Germany	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Carl Kathmann		13b. MOTHER'S MAIDEN NAME Maria Sprieghorn		14. NAME OF HUSBAND OR WIFE Pauline Hartmann Kathmann	
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 Mrs John Brunkhorst	
				ADDRESS St Charles Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 12hr	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Sen Arteriosclerosis</u> 26 yrs	
		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 4201		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 Oct 19 1952 to Oct 19 1952 that I last saw the deceased alive on Oct 19 1952 and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. Erich Schultz M.D.		23b. ADDRESS St Charles Mo		23c. DATE SIGNED 10/21/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 22 1952		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	
				24d. LOCATION (City, town, or county) (State) St Charles Mo.	

DATE REC'D BY LOCAL REG. 10-21-52		REGISTRAR'S SIGNATURE Francis Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE Pauline St Charles Mo	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer.

Signed

Pharmec M. Billo

Licensed Embalmer No. *4375*

P. O. Address *St. Charles 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.