		THE DIVISION OF H			(XOO
MOD 4	4.4000	STANDARD CERTI	=	ATH State File	No
FILED MAR 1	1 1953	REG. DIST. NO. 318	PRIMARY REG. DIST.	. 1003 Registrar's	. <u>n. 1023</u>
I. PLACE OF DEA	тн		2 USUAL RESID	DENCE (Where deceased lived.	If institution: residence befo
a. COUNTY			II & STATE	souri. b. COUNTY	ad mission
b. CITY (If outside cor	porate limits, write R	tURAL and give c. LENGTH Of sownship) STAY (in this place	- <u> </u>	erporate limits, write RURAL and give	township) &109
TOWN St	. Louis,	township) STAY (in this place	" Town St	. Iouis,	<u> </u>
d. FULL NAME OF O	If not in hespital or h	natitution, give street address or location)	d. STREET ADDRESS	(II rural, give location)	
HOSPITAL OR INSTITUTION		. Grand Ave.	1/0 35	533a N. Grand A	lve.
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Lest)	4. DATE (Mor OF Jan	
(Type or Print) M	arie_	A .	Choen.	·	<u>25 1953</u>
M	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Supplier)	8. DATE OF BIRTH		oothal Daya I Hawne ( Min.
# 10 til 15 1 10 1 10 11 11 11 11 11 11 11 11 11 11	hite	Widow.	= ( <del>- × = 1 + 4 + - 1 +</del>	1892   60   .	11 29
10a. USUAL OCCUPATIO	ig ille, even if retired)	DUSTRY			COUNTRY? U.S.A.
<u>Propriete</u> I3a. FATHER'S NAME	er	Beauty Shop	St. Louis	14. NAME OF HUSBAND OR	
	To le	Alvina S		Hengy Cho	=
William  15. WAS DECEASED EVE			-	'S SIGNATURE OR NAME	
NO	NONE	494-36-607	Kathryn He	errmann 4534 A	lice Ave.
11//					
18. CAUSE OF DEATH	•		CERTIFICATION		INTERVAL BETWEE
18. CAUSE OF DEATH Rater only one cause per	•		CERTIFICATION	1	ONSET AND DEATH
Enter only one cause per	I. DISEASE OR O DIRECTLY LEAD	ONDITION PING TO DEATH*(a)	CERTIFICATION		ORSET AND DEATH
Ruter only one cause per line for (a), (b), and (c)  *This does not mean	1. DISEASE OR CO DIRECTLY LEAD ANTECEDENT CO	ONDITION PING TO DEATH*(a)	ulmae	eary Con	INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, authenia,	I. DISEASE OR C DIRECTLY LEAD ANTECEDENT C. Morbid condition rise to the above o	ONDITION VING TO DEATH*(A)  AUSES  A. if one, chaine DUE TO (b)  Trues (a) stating	ulman	eary Con	GISTERNAL BETWEEN ORSET AND DEATH
Rnter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-	1. DISEASE OR CO DIRECTLY LEAD ANTECEDENT CO	ONDITION VING TO DEATH*(A)  AUSES  A. if one, chaine DUE TO (b)  Trues (a) stating	ulmac	eary Cou	INTERNAL BETWEEN CHESET AND DEATH
Rater only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discuss, injury, or complica-	I, DISEASE OR CONTRECTLY LEAD ANTECEDENT Control Conditions rise to the above of the underlying control.  II. OTHER SIGNII	AUSES  a, if any, stating DUE TO (b)  DUE TO (c)  DUE TO (c)	ulmac eurage	eary Cou	INTERVAL BETWEEN ORSET AND DEATH  GESTERN
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONTRECTLY LEAD ANTECEDENT Conditions rise to the above of the underlying contributions constrict the conditions conditi	ONDITION FING TO DEATH*(a)  AUSES  A, if any, stating DUE TO (b)  DUE TO (c)	ulmac euroge	eary Con Line Hear	gestern
Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the discuss, injury, or complication which caused death.  19a. DATE OF OPERA-	I. DISEASE OR CONTRECTLY LEAD ANTECEDENT Conditions rise to the above of the underlying contributions contributed to the disease of the underlying contributed to the disease of the underlying contributed to the disease of the underlying contributed to the disease of the disea	AUSES  s, if any, aboing DUE TO (b)  DUE TO (c)  FICANT CONDITIONS  button to the death best not	ulmac euroge	eary Cou Luc Hear	SHTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (n), (b), and (c)  *This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discase, injury, or complication which enused death.  19a. DATE OF OPERATION	I. DISEASE OR CONTRECTLY LEAD ANTECEDENT Conditions rise to the above of the underlying continuous contrilicated to the disease of the underlying contributions of the underlying c	AUSES  a, if any, stating DUE TO (b)  Truse (a) stating use last.  DUE TO (c)  FICANT CONDITIONS buting to the death but not use or condition causing death.  DINGS OF OPERATION	ulmae euroge Des	eary Cou Luc Near	20. AUTOPST1 VES 1 NO
Enter only one cause per line for (n), (b), and (c)  *This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discase, injury, or complication which enused death.  19a. DATE OF OPERATION	I. DISEASE OR CONTRECTLY LEAD ANTECEDENT Co. Morbid conditions rise to the above of the underlying continuous contril related to the disease 19b. MAJOR FINI	AUSES  s, if any, gloing DUE TO (b)  DUE TO (c)  DUE TO (c)  FICANT CONDITIONS  buting to the death but not  not or condition cousing death.	euroge	ease ROUNTHIP) (COUNT	20. AUTOPS/17
Rnter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE	I. DISEASE OR CONTRECTLY LEAD ANTECEDENT Co. Morbid conditions rise to the above of the underlying continuous contriliconditions contrilicated to the disease 19b. MAJOR FINITO-	AUSES  a, if one, gloing DUE TO (b)  ause (a) stating  the last.  DUE TO (c)  FICANT CONDITIONS  buting to the death but not  the or condition counting death.  DINGS OF OPERATION  21b, PLACE OF INJURY (a.g., in or about  home, farm, factory, street, office bidg., cha.	eurage		20. AUTOPS 17
Enter only one cause per line for (n), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month)	I. DISEASE OR CONTRECTLY LEAD ANTECEDENT Co. Morbid conditions rise to the above of the underlying continuous contriliconditions contrilicated to the disease 19b. MAJOR FINITO-	AUSES  s, if one, giving DUE TO (b)  The total condition consting death.  DIE TO (c)  DIE TO (c)  DIE TO (c)  PROPERTION  21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bidg., one.  (Hour)  21e. INJURY OCCURRED  WHILE AT   NOT WHILE	eurage		ONSET AND DEATH  GESTERS  20. AUTOPST7  YES W NO
Rnter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which enused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY	I. DISEASE OR CONTRECTLY LEAD ANTECEDENT Conditions to the above of the underlying continuous contrilicated to the disection (Bpacity)  (Day) (Year)	AUSES  a, if any, gloing DUE TO (b)  DUE TO (c)  FICANT CONDITIONS buting to the death but not use or condition counting death.  DINGS OF OPERATION  21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bidg., one.  (Hour)  21c. INJURY OCCURRED  WHILE AT WORK	eurage  21c. (CITY, TOWN, OI  21f. HOW DID INJUR	Y OCCUR?	20. AUTOPS 17 YES W NO [ Y) (STATE)
Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify to	I, DISEASE OR CONTRECTLY LEAD ANTECEDENT Conditions rise to the above of the underlying contributions contributed to the disease of the underlying (Bpacity)  (Day) (Year)	AUSES  a, if one, gloing DUE TO (b)  ause (a) stating the last.  DUE TO (c)  FICANT CONDITIONS  buting to the death but not the or condition consting death.  DINGS OF OPERATION  21b. PLACE OF INJURY (a.g., in or about house, farm, factory, street, office bidg., cha  (Hour)  21e. INJURY OCCURRED  WHILE AT WORK	21c. (CITY, TOWN, OI	Y OCCUR?	20. AUTOPSTI YES W NO [ Y) (STATE)  I last saw the decease
Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify talive on	I. DISEASE OR CONTRECTLY LEAD ANTECEDENT Conditions to the above of the underlying continuous contrilicated to the disection (Bpacity)  (Day) (Year)	AUSES  se, if one, choine DUE TO (b)  AUSES  se, if one, choine DUE TO (b)  The property of the death but not use or condition causing death.  DINGS OF OPERATION  21b. PLACE OF INJURY (s.e., in or about home, farm, factory, street, office bidg., one  (Hour)  21c. INJURY OCCURRED  WHILE AT NOT WHILE  The deceased from , and that death occurred at	21c. (CTTY, TOWN, OI 21f. HOW DID INJUR 19 A to 1350 fm., from	Y OCCUR?	20. AUTOPS 17 YES NO [Y) (STATE)  1 last saw the decease stated above.
Rnter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify talive on	I. DISEASE OR CODIRECTLY LEAD ANTECEDENT Co. Morbid conditions rise to the above of the underlying cm  II. OTHER SIGNII Conditions contril related to the disease 19b. MAJOR FINI (Boacity)  (Day) (Year)  that I attended to the income in the	AUSES  a, if one, gloing DUE TO (b)  ause (a) stating the last.  DUE TO (c)  FICANT CONDITIONS  buting to the death but not the or condition consting death.  DINGS OF OPERATION  21b. PLACE OF INJURY (a.g., in or about house, farm, factory, street, office bidg., cha  (Hour)  21e. INJURY OCCURRED  WHILE AT WORK	21c. (CITY, TOWN, OI	Y OCCUR?	20. AUTOPS/1 YES W NO [Y) (STATE)  I last saw the decease stated above.
Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF (NJURY)  22. I hereby certify talive on Canada alive on Cana	I. DISEASE OR CONTRECTLY LEAD ANTECEDENT COMMITTEE to the above of the underlying control of the disease of the underlying control of the underlying control of the underlying (Board of the underly)  (Day) (Year)	AUSES  a, if any, during DUE TO (b)  The parties (a) stating the last.  DUE TO (c)  FICANT CONDITIONS  buting to the death but not the or condition causing death.  DINGS OF OPERATION  21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bidg., cas.  (Hour)  21e. INJURY OCCURRED  WHILE AT MOT WHILE AT WORK  the deceased from  and that death occurred at the case of t	21c. (CITY, TOWN, OI  21f. HOW DID INJUR  19 10  23b. ADDRESS  300	, 19, that the causes and on the date	20. AUTOPST?  YES NO (STATE)  I last saw the decease stated above.  23c. DATE SIGNER
Rater only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which enused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify the alive opening the complete of the co	I. DISEASE OR CODIRECTLY LEAD ANTECEDENT Co. Morbid conditions rise to the above of the underlying continuous contrilicities to the disease of the underlying continuous contrilicities to the disease of the underlying conditions contrilicities to the disease of the underlying contrilicities of the underlying conditions contrilicities of the underlying conditions contrilicities of the underlying conditions of the underly	AUSES  se, if one, gloing DUE TO (b)  Trues (a) stating the last.  DUE TO (c)  FICANT CONDITIONS busing to the death bus not tase or condition consing death.  DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about bottom, farm, factory, street, office bidg, one  WHILE AT   NOT WHILE   WORK   AT WORK    the deceased from  and that death occurred at  Opegree or title)  24c. NAME OF CEMETE	21c. (CITY, TOWN, OI  21f. HOW DID INJUR  19 Ato 23b. ADDRESS  23b. ADDRESS	, 19 , that the causes and on the date    Column   Color, town, o	20. AUTOPST1  YES W NO C  T) (STATE)  I last saw the decease stated above.  23c. DATE SIGNET
Enter only one came per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discussingury, or compilection which enused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify the alive operation of the control o	I. DISEASE OR CONTRECTLY LEAD ANTECEDENT COMMITTEE TO the above of the underlying contributions contributed to the disease of the underlying that I attended to the underlying th	AUSES  se, if eny, giving DUE TO (b)  The to (c)  DUE TO (c)  DUE TO (c)  FICANT CONDITIONS  busing to the death best not use or condition counting death.  DINGS OF OPERATION  21b. PLACE OF INJURY (a.g., in or about bown, farm, factory, street, office bidg, one  (Hour)  21c. INJURY OCCURRED  WHILE AT MOT WHILE  WORK AT WORK  the deceased from  and that death occurred at  Opegree or title)  24c. NAME OF CEMETE  Calvary	21c. (CITY, TOWN, OI  21f. HOW DID INJUR  19 Ato 23b. ADDRESS  23b. ADDRESS	, 19 , that the causes and on the date    Late   Location (City, town, or St. Louis,	I last saw the decease stated above.    20. AUTOPS   1   YES
Rater only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which enused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify the alive opening the complete of the co	I. DISEASE OR CONTRECTLY LEAD ANTECEDENT COMMITTEE TO the above of the underlying contributions contributed to the disease of the underlying that I attended to the underlying th	AUSES  se, if eny, giving DUE TO (b)  The to (c)  DUE TO (c)  DUE TO (c)  FICANT CONDITIONS  busing to the death best not use or condition counting death.  DINGS OF OPERATION  21b. PLACE OF INJURY (a.g., in or about bown, farm, factory, street, office bidg, one  (Hour)  21c. INJURY OCCURRED  WHILE AT MOT WHILE  WORK AT WORK  the deceased from  and that death occurred at  Opegree or title)  24c. NAME OF CEMETE  Calvary	21c. (CITY, TOWN, OF 21f. HOW DID INJUR 23b. ADDRESS 200 CRY OR CREMATORY Cemetery 25. FUNERAL DIRE	, 19 , that the causes and on the date    Late   Location (City, town, or St. Louis,	20. AUTOPS/1 YES NO [ Y) (STATE)  I last saw the decease stated above.  23c. DATE SIGNET (State)  ADDRESS

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	s certific	ate was embain	ned by me, or	by
	., <b>St</b> uc	dent Embalmer	No	*************
working under my personal supervision.		and		į.
بر الرائد ا	a' D	(1) 11 d		14

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.)

Student Embalmer

If this body is not embalmed, fact should be so stated above.