

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19271

State File No. ....

Registrar's No. **5364**

FILED JUN 10 1953

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS,</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5218 PAGE AVE</b>		d. STREET ADDRESS (If rural, give location) <b>5 5218 PAGE AVE</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROY</b>		b. (Middle) <b>CATHER</b>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 26, 1953</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>5/25/1893</b>
9. AGE (In years last birthday) <b>59</b>		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PAINTER</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ILLINOIS</b>	
13a. FATHER'S NAME <b>OSCAR CATHER</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH ELLEN BUSHAWN</b>	
14. NAME OF HUSBAND OR WIFE		17. INFORMANT'S SIGNATURE OR NAME <b>FRANCIS &amp; GEORGE JR, CATHER</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>#</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <b>5270 GILMORE AVE</b> INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES	
DUE TO (b) <i>Pulmonary Congestion</i>		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (c) <i>Cardiac Hypertrophy</i>			
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	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>4343</b>			
22. I hereby certify that I attended the deceased from <b>19</b> , to <b>19</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>9:30 p. m.</b> , from the causes and on the date stated above.			
22a. SIGNATURE <i>Patricia L Taylor Casner</i>		23b. ADDRESS <b>31300 Clark</b>	
23a. DATE SIGNED <b>5-28-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>5/29/53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MISSOURI</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAY 28 1953</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STROOT - CARROLL 1600 NATURAL BRIDGE AVE</b>	

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

*m g b* (Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed \_\_\_\_\_

*W. Buchanan*  
*Strook - Carroll*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*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.