

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41453

State File No. _____

FILED NOV 25 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2972</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>		c. LENGTH OF STAY (In this place) <u>25 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>NORMANDY, MO</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u>				d. STREET ADDRESS <u>762 North Central Bridge IMMACULATE HEART CONVENT</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Katherine</u> b. (Middle) <u>J</u> c. (Last) <u>Dober</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 16 - 53</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV 14. 1874</u>		9. AGE (In years last birthday) <u>79</u>	10. MONTHS <u>7</u>	11. DAYS <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At-home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>EDWARD REILLY</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH HICKS</u>		14. NAME OF HUSBAND OR WIFE <u>Aud. HUR DOBER</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 ADDRESS <u>MRS JOHN SHERER 4200 A CLAYTON</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, exsanguis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephrosclerosis?</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Lesion of stomach?</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) <u>446X</u>			
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>10-22, 1953</u> , to <u>11-16, 1953</u> , that I last saw the deceased alive on <u>11-16, 1953</u> , and that death occurred at <u>8:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ronald E. Hoffmann M.D.</u>			23b. ADDRESS <u>601 S. Brentwood</u>		23c. DATE SIGNED <u>11-16-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>		
DATE RECD BY LOCAL REG. <u>11/17/53</u>		REGISTRAR'S SIGNATURE <u>Harbert B. Brinkman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cullen Kelly 4386 Lindell</u>			

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

James W. Summers

Licensed Embalmer No. 4172

P. O. Address St. Louis

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.