

FILED JUN 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17725**

BIRTH NO. _____ REG. DIST. NO. 364 PRIMARY REG. DIST. NO. 4533 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wright City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wright City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Ernest</u> c. (Last) <u>Katterjohn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 4 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 29 1876</u>
9. AGE (In years last birthday) <u>77</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Church</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Katterjohn</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Katterjohn</u>	
14. NAME OF _____ OR WIFE		14. NAME OF _____ OR WIFE <u>Anna Katterjohn</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 <u>Anna Katterjohn</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Katterjohn</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, asphyxia, etc. It means the disease, injury, or complications which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		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?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 10, 1951</u> , to <u>6-4-1954</u> , that I last saw the deceased alive on <u>6-3-1954</u> and that death occurred at <u>4:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. B. Kinner</u>		23b. ADDRESS <u>Wright City, Mo</u>	
23c. DATE SIGNED <u>6-7-54</u>		23c. DATE SIGNED <u>6-7-54</u>	
24a. BURIAL CREMATATION (Specify) <u>Burial</u>		24b. DATE <u>June 7 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wright City MO</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. F. Ernest Hughes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Nieburg Furn & Und Co</u>	
DATE REC'D BY LOCAL REG. <u>June 9-1954</u>		ADDRESS <u>Wright City MO</u>	

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

090

1090

JUL 1 6 1956

SEP 3 0 1957

MS
SEP 3 1959

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 Julius J. Nieburg
Licensed Embalmer No. 3366

P. O. Address Wright City, 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.