

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32426

State File No. _____
REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2068

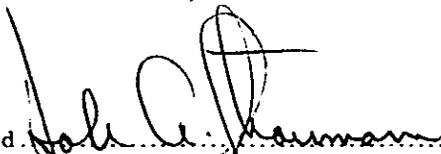
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY OR TOWN Creve Coeur	
c. LENGTH OF STAY (in this place) D.O.A.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute County Hospital			
STREET ADDRESS (If rural, give location) Chaminade College, Lindbergh Bl.			
3. NAME OF DECEASED (Type or Print) a. (First) IGNATIUS		b. (Middle) G.	
c. (Last) KATHREIN		4. DATE OF DEATH (Month) (Day) (Year) Aug. 26 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 13, 1895
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher-Chaminade College	11. BIRTHPLACE (City and State or Foreign Country) Tyrol, Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Ignatius Kathrein	
13b. MOTHER'S MAIDEN NAME Mary Ann Pregenzer		14. NAME OF HUSBAND OR WIFE None	
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 ADDRESS Rev. Valentine Braun-Chaminade College			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal injury and/or aspiration of ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hemorrhage into the lungs as a DUE TO (c) direct result of accident trauma. 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 type="checkbox"/> NO <input checked="" type="checkbox"/>		9028	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Chaminade College	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Creve Coeur St. Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 26, 1954 6:00 p. m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell from tree which he was trimming on college grounds	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Arnold J. Williams (Degree or title) Coroner		23b. ADDRESS Clayton, Mo.	
23c. DATE SIGNED 8/30/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 30, 1954	24c. NAME OF CEMETERY OR CREMATORY Maryhurst Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.
DATE REC'D BY LOCAL REG. 8/27/54		REGISTRAR'S SIGNATURE Herbert R. Stomberg	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Kriegshauser 4228 S. Kingshighway Bl.	

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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 453

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.