

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7448

State File No. _____
Registrar's No. 924

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. CITY OR TOWN <u>St Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>9/4</u>
c. LENGTH OF STAY (at this place) <u>4 Days</u>		e. STREET ADDRESS (If rural, give location) <u>3828 St Ferdinand St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Baptist Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>KATHERINE</u>		a. (First)		b. (Middle)		c. (Last) <u>YUNGWAEALTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26, 1956</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>A</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>A</u>		8. DATE OF BIRTH <u>Feb. 23 1875</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR: Months <u>11</u> Days <u>3</u>		IF UNDER 24 HRS: Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Reverend</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		

13a. FATHER'S NAME <u>John Eble</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Keller</u>		14. NAME OF HUSBAND OR WIFE <u>Frederick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Walter Eble</u>		ADDRESS <u>541 Ford Dr.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u>					
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid 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. <u>Hypertension</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>570.4</u>		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)	
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 April 15, 1955, to Jan 26, 1956 that I last saw the deceased alive on Jan 26, 1956, and that death occurred at 12:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Alfred M. Langenbach M.D.</u>		23b. ADDRESS <u>6200 Hoffman Ave</u>		23c. DATE SIGNED <u>Jan. 26, 1956</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>Jan 28 - 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St Marcus</u>	
24d. LOCATION (City, town, or county) <u>St Louis Co, Mo</u>		24e. (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis N. Bopp Jr</u>	
DATE REC'D BY LOCAL REG. <u>JAN 27 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		ADDRESS <u>St Louis</u>	

S.P. (Licensed Embalmer's Statement on Reverse Side)

Dr. State due to recent infection

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..... *Felix Howard*

Licensed Embalmer No. *J.O.J.*

P. O. Address..... *Kentwood*

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.