

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

430833

FILED DEC 18 1956

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10812</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b>				b. COUNTY <b>Gasconade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>9 weeks</b>		c. CITY OR TOWN <b>Morrisson</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>0370</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>[REDACTED] R.R.1 Box105</b>					
3. NAME OF DECEASED (Type or Print) <b>Katy</b>		a. (First)		b. (Middle)		c. (Last) <b>Gnadt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 25 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 10, 1890</b>		9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Otto Bohl</b>			13b. MOTHER'S MAIDEN NAME <b>Lange</b>			14. NAME OF HUSBAND OR WIFE <b>Theodore Gnadt</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>489 42 7583</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Marie Henke</b>		ADDRESS <b>9726 Jacobi Dr.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Head of Pancreas</b>								
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Gastric Ulcer</b>								
	DUE TO (c) <b>—</b>								
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION <b>10/18/52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Ca of head of Pancreas &amp; Gastric Ulcer</b>				<b>157X</b>		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 <b>5/1/56</b> , 19___, to <b>11/25/56</b> , 19___, that I last saw the deceased alive on <b>11/25/56</b> , 19___, and that death occurred at <b>12:00A</b> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>[Signature]</b>				23b. ADDRESS <b>6917 W. Florissant</b>		23c. DATE SIGNED <b>11/26/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11/27/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Fredricksburg Mo.</b>				
DATE REC'D BY LOCAL REG. <b>NOV 27 1956</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Buchholz Mortuary 5967 W. Florissant</b>			

(Licensed Embalmer's Statement on Reverse Side)

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.....  
*Harold A. Buckholz*

Licensed Embalmer No.....45

P. O. Address.....*H. La...*

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.