

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045334  
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 470

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Frohna</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital # 4</u>		Length of stay in lb <u>4Y, 1M, 14 Days</u>		d. STREET ADDRESS (If outside, give location) <u>unknown</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARIE ESTHER KATT</u>			4. DATE OF DEATH Month Day Year <u>December 10, 1958</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>3</u> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>December 9, 1919</u>		9. AGE (In years last birthday) <u>39</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stenographer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Frohna, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry Schlichting</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Parker</u>	
14. NAME OF HUSBAND OR WIFE <u>Melvin Katt</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT <u>Records State Hospital # 4-Farmington, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma of abdominal viscera - Abt. 3 mos.</u> DUE TO (b) <u>Adenocarcinoma of adrenals - - - - - Abt. 18 mos.</u> DUE TO (c) <u>1950</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Exploratory laparotomy on 11-15-57; schizophrenia for abt. 14 yrs.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Frohna</u>		20g. COUNTY <u>Perry</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>May 20, 1958</u> to <u>December 10, 1958</u> Death occurred at <u>3:00 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		21a. SIGNATURE (Degree or title) <u>John Brennan MD</u>		21b. ADDRESS <u>State Hospital No. 4 Farmington, Missouri</u>	
21c. DATE SIGNED <u>12-10-58</u>		22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE <u>Dec. 13, 1958</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Frohna Lutheran Cemetery</u>		22d. LOCATION (City, town, or country) <u>Frohna, Missouri</u>		22e. (State)	
24. FUNERAL DIRECTOR <u>Young Sons Perryville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 20, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Wallace Young* .....

Licensed Embalmer No. *4029* .....

P. O. Address *Perryville* .....

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.