

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007227

STATE FILE NUMBER

2 1281

FILED FEB 24 1959

Registration District No.

Primary Registration District No.

Registrar's No.

300  
-57  
4  
693  
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>ST. LOUIS</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. ANTHONY'S</i>		Length of stay in 1b <i>HOSPITAL</i>	d. STREET ADDRESS (If outside, give location) <i>3831A DUNNICA</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>KATHERINE HOLDENRIED</i>			4. DATE OF DEATH Month Day Year <i>FEB 3 1959</i>
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JAN 18, 1871</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>AT HOME</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>88</i> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11a. BIRTHPLACE (City and state or country) <i>ST. LOUIS, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>JACOB ENGLERT</i>		13b. MOTHER'S MAIDEN NAME <i>THEKLA FLECHENSTEIN</i>	
14. NAME OF HUSBAND OR WIFE <i>-----</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>NO</i>	
16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT Address <i>MARGARET DIPPEL 3840 NEBRASKA</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Cardiac</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Heart disease @ hep</i> DUE TO (c) <i>Quintessence of fever</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2-3 yr</i> <i>3 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>443K</i>			19. WAS AUTOPSY PERFORMED? 2- YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <i>X</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <i>2-10-59</i>		20f. COUNTY STATE <i>2-3-59</i>	
21. I attended the deceased from <i>2-10-59</i> to <i>2-3-59</i> and last saw her alive on <i>2-3-59</i> Death occurred at <i>7:30a</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <i>2/4/59</i>	
22a. SIGNATURE (Name or title) <i>J. C. [Signature]</i>		22b. ADDRESS <i>4523 S. King, St. Louis, Mo.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>2/6/1959</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>SS PETER &amp; PAUL CEM</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS, Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>J L ZIEGENHEIN &amp; SONS 7027 GRAVOIS</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 5 '59</i>	
26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Donald E. Berg* .....

Licensed Embalmer No. *442* .....

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