REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

16401

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 4262

(c) City St. Louis, Mo. (d) Street No. City Sanitarium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Catherine Cimperman 5

(a) Residence, No. 6326 Gardenville St. 2
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph Cimperman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 28, 1884

7. AGE: YEARS 53 | MONTHS 6 | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.: Housewife
10. Date deceased last worked at this occupation (month and year): 9-1936
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stiermark Austria

FATHER

13. NAME: Anton Williard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Austria

MOTHER

15. MAIDEN NAME: Hannah Williard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Austria

17. INFORMANT (ADDRESS): Otis Taylor M. D. 5400 Arsenal St.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
PLACE Missouri Crematory DATE May 9 1938

19. FUNERAL DIRECTOR (ADDRESS): P. Miceli & Son 1133 No. Kingshighway

20. FILED MAY 19 J. F. Biedeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-9-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-1938, 19, to 5-9-38, 19

I last saw her alive on 5-9-38, 19 Death is said to have occurred on the date stated above, at 4:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerostic Heart Disease	7-1-36-x

Other contributory causes of importance:

Cellulitis of Left Arm 5-6-38
non traumatic cause unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otis Taylor, M. D.

(Address) City Sanit.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Arnold W. Schoene, Licensed Embalmer No. 3864

hereby certify that the body recorded on the reverse side of this certificate was embalmed by no embalming

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)