

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27279
Registrar's No. 6779

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH: 1008 RECD SEP 14 1939

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Altenheim
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 16 years

3. (a) PRINT FULL NAME KATHERINE WARNICK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ? 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 28 1859
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace _____ Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Bernhart Bluemlein

13. Birthplace _____ Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Unknown

15. Birthplace _____ Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry E. Bunderthal

(b) Address 2721 Halls Ferry

17. (a) Burial (b) Date thereof Aug 5 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cem

18. (a) Signature of funeral director Beiderwieden Funl Home Inc

(b) Address 1936 St Louis Ave

19. (a) 8-3-39 (b) J. B. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St Louis 8
Lutheran (If outside city or town limits, write "RURAL")

(d) Street No. Altenheim 8721 Halls Ferry Road
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month Aug day 2
year 1939 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from Aug. 1938
_____ 19 _____ to Aug. 2, 19 39

that I last saw her alive on Aug. 2, 19 39
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS

Due to _____

Due to _____

Other conditions NONE
(Include pregnancy within 3 months of death)

Major findings: NONE

Of operations _____

Of autopsy NO

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
_____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature S. A. VanHoefen (M. D. or other)
Address 8313 HALLS FERRY RD, CITY Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

100-51739 I 10851

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *373 E.*

P. O. Address *1936 N. Linn Co.*

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 this body is not embalmed, above space should be left blank.