. S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 5205

Registrar's No. 2035

1. PLACE OF DEATH FILED MAR 12 1940

(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: 4355 Darby ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Missouri~~ (b) County

(c) City or town St. Louis, (If outside city or town limit write "RURAL") 7

(d) Street No. 4355 Darby (If rural, give location)

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

3. (a) PRINT FULL NAME Kate Wolpers,

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Geo. Wm. Wolpers.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 2nd (Month) 1873 (Day) (Year)

8. AGE: Years 66 Months 7 Days 25 If less than one day hr. min.

9. Birthplace ST. Louis, (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Wm. Wolpers

(b) Address 4355 Darby Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 2nd 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director H. Lindner and Co.

(b) Address 1417 N. Market Str.

19. (a) FEB 29 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 27. day year 1940. hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 23. 1940, to Feb. 27. 1940, that I last saw her alive on Feb. 27 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 8 days.

Due to Arteriosclerosis — 1 yr.

Due to — 1 yr.

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

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify)

(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 R. J. Rigler (M. D. or other)

Address 4135 Kennerly Ave. Date signed 2/29/40.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Rigler 4158 N. Overhill.
Ro 1111 Before 9 A.M.
4158 N. Newstead.

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Ave

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.