

MAY 15 1940  
Registration District No. 791

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Days  
(Specify whether  
In this community Life  
years, months or days)

3. (a) PRINT FULL NAME Kate Wimmer 560

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

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

6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife if alive WALK years

7. Birth date of deceased November 29, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 4 22 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Charles Tauerville

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

14. Maiden name Louise Stringer

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

16. (a) Informant Anna M...

(b) Address City Hospital, #1

17. (a) Burial (b) Date thereof 4 26-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. J. White  
(b) Address City Hospital No. 1

19. (a) APR 24 1940 (b) J. D. Br...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4743 Kensington Place  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20,  
year 1940 hour 4:53 minute P. M.

21. I hereby certify that I attended the deceased from April 17,  
19 40 to April 20, 19 40;  
that I last saw h. or alive on April 20, 19 40;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Degenerative Heart Disease  
Cardiac Hypertrophy  
Hypertensive Heart Disease  
Arterio Sclerosis, General  
Other conditions: None  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations: None  
Of autopsy: Above  
Duration  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Streams of injury \_\_\_\_\_

23. Signature W. J. White (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette, 4/23/40  
Date signed

---

---

**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.....

P. O. Address.....

**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.**