

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16198

Registration District No. 284

Primary Registration District No. 111

Registrar's No. 761

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis - Park Heights
(c) Name of hospital or institution: ST. MARY'S HOSPITAL
(d) Length of stay: In hospital or institution 3 WKS.
In this community ? years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town Overland
(d) Street No. 8667 OLDEN AVE.
(e) If foreign born, how long in U. S. A. 4 55- years.

3. (a) PRINT FULL NAME KATHERINA DISCHINGER 252
3. (b) If veteran, name war —
3. (c) Social Security No. —

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 16 year 1940 hour 11 minute 20 A. M.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HERMAN DISCHINGER - SR
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased OCTOBER 18 - 1868

21. I hereby certify that I attended the deceased from 3/25/40 to 4/16/40 that I last saw her alive on 4/16 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 5 Days 29 If less than one day hr. min.

Immediate cause of death Heart Failure

9. Birthplace WUERTEBERG - GERMANY

Due to operation for cancer of
Due to Rectum

10. Usual occupation HOUSEWOMAN

Other conditions (include pregnancy within 3 months of death) 76

11. Industry or business —
12. Name FRED NIEBEL
13. Birthplace GERMANY
14. Maiden name KASINA SCHLUGHTER
15. Birthplace GERMANY

Major findings: Co. of Rectum
Of operations —
Of autopsy —

16. (a) Informant's own signature Herman Dischinger Sr.
(b) Address 8667 Olden Ave

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence 4/16/40

17. (a) CREMATION (b) Date thereof April 19, 1940
(c) Place: burial or cremation VALHALLA CREMATORY

(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?

18. (a) Signature of funeral director W. M. Schumacher
(b) Address 4834 National Blvd
19. (a) APR 18 1940 (b) W. M. Schumacher

While at work? (Specify type of place) (e) Means of injury —
28. Signature W. M. Schumacher (M. D. or sign)
Address 729 Westwood Blvd Date signed 4/17/40

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 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.....

John Fetter
Licensed Embalmer No. 3880

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.