

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9436**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2846**

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

1. PLACE OF DEATH: **097**
 (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:
Jewish Hospital. 0
(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

3. (a) PRINT FULL NAME **Katherine Tschudin.**
 3. (b) If veteran, name war **none.**
 3. (c) Social Security No. **none.**

4. Sex **Female** 5. Color or race **White.**
 6. (a) Single, widowed, married, divorced **Married.**
 6. (b) Name of husband or wife **Walter Tschudin.** 6. (c) Age of husband or wife if alive **52.** years
 7. Birth date of deceased **November 10, 1892.**
(Month) (Day) (Year)

8. AGE: Years **48.** Months **4.** Days **20.**
 If less than one day _____ hr. _____ min.

9. Birthplace **Houston, Texas. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home.**

11. Industry or business _____

MOTHER FATHER { 12. Name **Edwin Rice Brown.**

13. Birthplace **Mississippi /**
(City, town, or county) (State or foreign country)

14. Maiden name **Myra Cabaniss.**

15. Birthplace **La Grange, Texas. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter Tschudin.**

(b) Address **Chase Hotel, St. Louis, Mo**

17. (a) **removal.** (b) Date thereof **3/31/1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Houston, Texas.**

18. (a) Signature of funeral director **C.R. Lupton & Sons.**

(b) Address **#7233 Delmer Blv'd.**

19. (a) **MAR 31 1941** (b) **D. V. Bredner**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **999**
 (a) State **Texas.** (b) County **41 N.R.**
 (c) City or town **Houston,**
(If outside city or town limits, write "RURAL")
 (d) Street No. **707 Holman.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? **2** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **30th**
 year **1941** hour **6.00** minute **A. M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration
(Apoplexy)
 Contrib: **Malignant Nephrosclerosis.**

Due to _____

Due to _____

Other conditions _____
(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? _____

While at work? _____
(Specify type of place) (e) Means of injury **2**

23. Signature **Walter Tschudin** (M. D. or other) **2**

Address _____ Date signed **3/31/41**

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis

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, fact should be so stated above.