

Registration District No. 284

Primary Registration District No. 101

Registrar's No. 2264

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)
 In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Overland
(If outside city or town limits, write "RURAL")
 (d) Street No. 2421 Verona Ave
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Kate Dimitry
 3. (b) If veteran, name war unknown
 3. (c) Social Security No. unknown

MEDICAL CERTIFICATION
 20. DATE OF DEATH, Month Nov. day 8
 year 1941 hour 1 minute :05 A.M.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife John Dimitry
 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased Mar 4 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-30-41
 to 11-8-41
 that I last saw her alive on 11-8-41
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>8</u>	<u>4</u>	_____ hr. _____ min.

Immediate cause of death Hypertensive Pneumonia Duration 3 days
 Due to Cerebral Decompression 6 wks
My pericardial Heart Disease 2 yrs

9. Birthplace Lincoln County Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation housewife

Other conditions Unlabeled Psychosis 6 mos
(Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name Philip Herbel
 13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Lansche
 15. Birthplace unknown Mo.
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mo. Dimitry
 (b) Address 2423 Verona Ave
 17. (a) Burial (b) Date thereof 11/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Lebanon

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? 0

18. (a) Signature of funeral director Baumann Bros
 (b) Address Overland Mo
 19. (a) NOV 10 1941 (b) G. M. Swartz
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Jane B. Paterno (M. D. or other) M.D.
 Address Overland Mo Date signed _____

DEC 29 1941

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.....

Oscar F. Mueller

Licensed Embalmer No. *3039*

P. O. Address.....

Overland Mo

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.