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7-39  
X26390

DEC 22 1941  
Registration District No. 791

Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 9414

1. PLACE OF DEATH:

(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 2851 Pennsylvania  
(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 St. Louis

(c) City or town Saint Louis, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 2851 Pennsylvania Av.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Katherine Oeder

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26  
year 1941 hour 2:30 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Nov. 13, 1941, to Nov. 25, 1941  
that I last saw her alive on Nov. 25, 1941  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased July 29, 1856  
(Month) (Day) (Year)

Immediate cause of death Acute myocarditis  
undetermined as to etiology  
myocarditis

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>4</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation At home

Other conditions General Atherosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Atherosclerosis

Of operations None

Of autopsy None

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

11. Industry or business \_\_\_\_\_

12. Name Henry Bernard Bredeman

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

14. Maiden name Mary Finke  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Mary Heinzer  
(b) Address 2851 Pennsylvania Avenue

17. (a) Burial (b) Date thereof 11/28/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Per & Paul Cem.

18. (a) Signature of funeral director John H. Beckman  
(b) Address 2630 Grovois

19. (a) Nov 27 1941 (b) J. Z. Bredbeck  
(Date) (Registrar's signature)

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 \_\_\_\_\_

23. Signature Wm. R. Yuse (M. D. or other) \_\_\_\_\_  
Address 2931 Brown Date signed 11/26/41

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

*Dr. Maple*

**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 *Robert F. Gilbert*

4144

Licensed Embalmer No.....

P. O. Address 2630 Gravois Av.

**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.**