

465
No. 2
1-4-41
-17-39
X26390

REG. JAN 24 1942 791
Registration District No.

Primary Registration District No. 100

Registrar's No.

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:
St. Louis 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 21 Years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 3720 West Pine Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Katherine Wathen

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F. / 5. Color or race W.

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

6. (b) Name of husband or wife James Wathen.

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

7. Birth date of deceased May 10, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 7 17 hr. min.

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

10. Usual occupation At Home.

11. Industry or business _____

MOTHER FATHER

12. Name Thomas Chambers.

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

14. Maiden name Susan Hartigan.

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

16. (a) Informant Rev. J. F. O'Neil S. J.

(b) Address 3628 Lindell Blvd.

17. (a) Burial (b) Date thereof 12-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) DEC 28 1941 (b) J. P. Bruck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27.
year 1941 hour 4:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from December 24, 19 41 to December 27, 19 41
that I last saw h. er alive on December 27, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Appendicitis ruptured and with generalized peritonitis

Due to _____

Due to _____

Other conditions. (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

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 _____

23. Signature [Signature] (M. D. brother)

Address 1515 Lafayette Ave. Date signed 12/27/41

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

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 W H Van Matre,
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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.