

S. No. 2
M-5-42
v. 5-17-39
I X32873

35446

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 23 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9419

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

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:
4243 Sanfrancisco Ave /
(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..... 17
 (c) City or town..... St. Louis, 910
(If outside city or town limits, write "RURAL")
 (d) Street No..... 4243 Sanfrancisco Ave
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME Catherine Harting
 3. (b) If veteran, name war.....
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month..... Nov. day..... 9th
 year..... 1942 hour..... 1 minute..... 45a M.

4. Sex Female / 5. Color or race..... White / 6. (a) Single, widowed, married, divorced..... Married
 6. (b) Name of husband or wife..... Edward Harting 6. (c) Age of husband or wife if alive..... 77 years
 7. Birth date of deceased..... April 25th 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 13 1942 to Nov 7 1942 that I last saw her alive on Nov 7 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 6 Days 14 If less than one day.....hr.....min.

Immediate cause of death..... Coronary heart - or aorta 3 hours
hypertension

9. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

Due to..... Senile Cataract
adhesions

10. Usual occupation..... Housewife

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

11. Industry or business.....

Major findings:
 Of operations..... 83
 Of autopsy.....
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name..... Andrew Ruh
 13. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)
 14. Maiden name..... Barbara Bergman
 15. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... Edward Harting
 (b) Address..... 4243 Sanfrancisco Ave

17. (a) Burial (b) Date thereof..... 11/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery
 18. (a) Signature of funeral director..... Stroot - Carroll
 (b) Address..... 4600 Natural Bridge Ave.

19. (a) NOV 11 1942 (b) J. F. Biedeck
(Date received local registrar) (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?
(Specify type of place)

While at work?.....
(Specify type of place) (Means of injury)
 23. Signature..... J. F. Biedeck (M. D. or other)..... M.D.
 Address..... 705 Chestnut - St. Louis Date signed..... 11-10-42

H. Snyder

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: *Sheldon Collier*

Licensed Embalmer No. *3382*

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, fact should be so stated above.