S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1942 8

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35819

Registrar's No. 9740

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: Barnard Free Skin & Cancer Hospl. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 11-13-42 to 11-21-42 (Specify whether In this community years, months or days) Life

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 179

(d) Street No. 3009a St. Vincent St. (If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Katie Reitz Catherine (Katie) Reitz

3. (b) If veteran, name war No

3. (c) Social Security No. --

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Fred Reitz

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

7. Birth date of deceased 7 (Month) 25 (Day) 1885 (Year)

8. AGE: Years 57 Months 3 Days 26 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business --

FATHER
12. Name Louis Strothkamp
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Blackley
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Eva Smith Katie Reitz

(b) Address Barnard Skin & Cancer Hospl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 25 (Day) 42 (Year)

(c) Place: burial or cremation Holy Martyrs Cem. Japan, Mo. by Motor

18. (a) Signature of funeral director Hacker-Helderle Med. Co.

(b) Address 3634 Gravois Ave.

19. (a) NOV 23 1942 (Date received local registrar) J F Bredeck (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1942 hour Four minute 55 P.M.

21. I hereby certify that I attended the deceased from Nov. 15, 1942, to Nov. 21, 1942; that I last saw her alive on Nov. 21, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Head of Pancreas	1½ yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma of Pancreas

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Charles Barber Mueller (M. D. ~~or other~~)

Address 3427 Washington Ave. Date signed 11/23/42 St Louis, Mo.

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 Frank J. Ehland Sr.

Licensed Embalmer No. 2645

P. O. Address St Louis 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.