

FILED JUN 4 1943 818

Registration District No. **1** Primary Registration District No. **1003** Registrar's No. **4512**

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Day** (Specify whether
In this community **Unknown** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....

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

(d) Street No. **3315 S. 7th Street**
(If rural, give location)

(e) Citizen of foreign country? **--** (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Katherine Todd**

3. (b) If veteran, name war **--**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **George Todd**

6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **3 13 1895**
(Month) (Day) (Year)

8. AGE: **48** Years **2** Months **0** Days
If less than one day hr. min.

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

10. Usual occupation **Home**

11. Industry or business.....

MOTHER FATHER

12. Name **Unknown**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Todd**

(b) Address **3315 S. 7th Street**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5 17 43**
(Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cem.**

18. (a) Signature of funeral director **Wacker-Heldrich, Inc.**

(b) Address **MAY 11 1943 3634 Gravois Ave.**

19. (a) (Date received local registrar) (b) **J. F. Breda** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **13,**
year **1943** hour **4:05** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 12,**
1943 to **May 13,** **1943**
that I last saw her alive on **May 13,** **1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **acute bacterial endocarditis**
Duration

Due to **aneurysm of mitral valve.**

Due to.....

Other conditions (include pregnancy within 3 months of death) **92**

Major findings:
Of operations.....

Of autopsy **as above**

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) (c) Means of injury.....

23. Signature **Drewon Helmer** (M. D. or other) **5/14/43**
Address **1515 Lafayette Avenue,** Date signed

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 Robert Cochran

Licensed Embalmer No. 2128

P. O. Address St. Louis

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.