

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

FILED AUG 28 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1929

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Koch, Mo.  
(c) Name of hospital or institution: Robt. Koch Hosp. O.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 108 days  
(Specify whether  
In this community 108 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis  
(c) City or town Koch  
(If outside city or town limits, write "RURAL")  
(d) Street No. 542 Chestnut  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country —

3. (a) PRINT FULL NAME Katherine Brushwood

3. (b) If veteran, name war —  
3. (c) Social Security No. 188-12-5946

4. Sex F  
5. Color or race W  
6. (a) Single, widowed, married, divorced Div.

6. (b) Name of husband or wife —  
6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 7 31 1917  
(Month) (Day) (Year)

8. AGE: Years 26 Months 0 Days 24  
If less than one day — hr. — min.

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

10. Usual occupation Waitress

11. Industry or business —

MOTHER: 12. Name Daniel Simmons  
13. Birthplace Leavenworth Kansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Katherine Summer  
15. Birthplace Leavenworth Kan.  
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Brushwood

(b) Address 523 A Chestnut

17. (a) Shipper (b) Date thereof 8/26/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth, Kansas 8/28/43

18. (a) Signature of funeral director W. H. Howell  
(b) Address 1400 North 1st St. St. Louis, Mo.

19. (a) AUG 27 1943 (Date of local registration)  
C. H. McFarland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25<sup>th</sup>  
year 1943 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from 4-27, 1943 to 8-25, 1943  
that I last saw him alive on 8-25-, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulm the. Duration 2 3/4

Due to —

Due to —

Other conditions —  
(Include pregnancy within 3 months of death)

Major findings: Of operations 1361  
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? —

While at work? (Specify type of place) (e) Means of injury —

23. Signature Bernard Friedman (M. D. or other) M.D.

Address Koch Hosp., Koch, Mo. Date signed 8-26-43

SEP 1 1970

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 H. Street

Licensed Embalmer No. 22657

P. O. Address 4604 9th Bridge

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.