S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36720

FILED DEC 3 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 10216

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1715 Longfellow (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 Mo. (b) County 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 917

(d) Street No. 1715 Longfellow (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Catherine Mortimer

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Edward Mortimer

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

7. Birth date of deceased August (Month) 18 (Day) 1877 (Year)

8. AGE: Years 66 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Adam Goeddel
13. Birthplace Waterloo (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Caroline Ringisian
15. Birthplace Waterloo (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Elizabeth Heusohn

(b) Address 4504 Louisiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director Wm Schumacher

(b) Address 3013 Meramec

19. (a) NOV 22 1943 (Date received local registrar) (b) J F Brekeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21 year 1943 hour 9.00 minute A. M.

21. I hereby certify that I attended the deceased from Nov 10-43 Nov 10, 1943, to Nov 20, 1943; that I last saw her alive on Nov 20, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to La Grippe

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Walter Hmeyer (M. D. or other)

Address 4661 Virginia Ave Date signed 11-22-43

(Licensed Embalmer's Statement on Reverse Side)

[illegible] - VIRGINIA
LO. 2777
BEFORE NOON

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 George N. Archambault, Registered Apprentice No. XXXXXXXX, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Meramec St.

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.