No. 2
—5-42
5-17-39
X32873

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. 40705

FILED JAN 12 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11958

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:
2850 Magnolia /
(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 000 17 9 24

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

(d) Street No. 2850 Magnolia Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Catherine Wassler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race / White

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

6. (b) Name of husband or wife Justin

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased December (Month) 25 (Day) 1872 (Year)

8. AGE: Years 71 Months 0 Days 5 If less than one day hr. 8 min.

9. Birthplace Alsace Lorraine
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name Michael Kehres
13. Birthplace Alsace Lorraine 8
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marion Gleck
15. Birthplace Alsace Lorraine 8
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin E. Wassler
(b) Address 4668 DEwey Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul Cem.

18. (a) Signature of funeral director John H. Tebken Sons
(b) Address 2630 Gravois Ave.

19. (a) DEC 31 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30
year 1943 hour 12, 18 minute P M.

21. I hereby certify that I attended the deceased from 1934 Dec 30 43
that I last saw her alive on Dec 30 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemiplegia	2 days
Due to Arterio Sclerosis	94 Ens
Due to Chronic Myocarditis	94 Ens
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy ✓

93

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 E. J. Arbeau M.D. (M. D. or other)

Address 1537 O Grand Date signed 12/31-43

(Licensed Embalmer's Statement on Reverse Side)

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 Herman A. Kebken

Licensed Embalmer No. 2120

P. O. Address 2630 Gravois

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.