

FILED JUL 15 1944 818

Primary Registration District No.

1003

Registrar's No.

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Lifetime 0 (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. 5716 Julian Ave
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country..... 10

3. (a) PRINT FULL NAME Kathleen Helen Daumer

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 Single

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

7. Birth date of deceased... January 23rd 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>5</u>	<u>12</u>	hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business Public Schools

MOTHER FATHER { 12. Name John Daumer

13. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Kate Foley

15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kate Daumer

(b) Address 5716 Julian Ave

17. (a) Burial (b) Date thereof 7/8/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) *Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd

19. (a) J. J. Bredeck (b) Date received local registrar 7-7-44
(Registrar's signature) (Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 5, year 1944 hour 1 minute 25 P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death fatal poisoning with arsenic administered in her home on July 5-1944 about 1:15 PM while suffering pulmonary mental aberration

Due to.....
Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....
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) suicide
(b) Date of occurrence July 5 1944
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (a) Means of injury poison

23. Signatures Thomas F. Callaway (M.D. or other) Deputy Coroner
Address..... Date signed 7-7-44

WRITE PLAINLY—USE UNFADING BLACK INK

100-301

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 *Neville B. Prohvit*

Licensed Embalmer No. *3696*

P. O. Address *4161 Lindell*

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.