

S. No. 2  
M-8-43  
5-17-39  
PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39237

State File No. ....

FILED DEC 27 1944  
318

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 10553

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

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town St. Louis Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5600 Pernod Ave  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether  
 In this community 35 Yrs  
 years, months or days)

3. (a) PRINT FULL NAME Kate Will Classen  
 3. (b) If veteran, name war..... No  
 3. (c) Social Security No..... No

4. Sex Female race White  
 5. Color or race.....  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife John  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased Feb 21 1869  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 9 19 hr. min.

9. Birthplace St. Genevieve County Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business at Home

MOTHER FATHER {  
 12. Name Reinhold Ehler  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Matilda Fleig  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr E A Will

(b) Address 4201 Utah St.

17. (a) Burial (b) Date thereof 12 13 44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) DEC 11 1944 (b) J. F. Bredbeck  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County.....  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5600 Pernod Ave  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10  
 year 1944 hour 2.40 PM minute..... M.

21. I hereby certify that I attended the deceased from Jan 10  
 1940 to Dec 10 1944

that I last saw her alive on Dec 9 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Gall bladder  
 Duration  
 Due to Gall stones

Due to 126  
 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).....  
 (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) (Specify means of injury)  
 23. Signature Mary J. Classen M. D. or other  
 Address 106 Olive St Date signed 12/11/44

Dr M Glaser

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**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 Richard W. Storvick

Licensed Embalmer No. 4007

P. O. Address.....

**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.**