S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7873

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1788

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 8815 Bridgeport Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

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NRS

3. (a) PRINT FULL NAME KATHERINE ROTH

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

7. Birth date of deceased April 26, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	9	25	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business

FATHER
12. Name George Paull
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Anna Artlep
15. Birthplace Belleville (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mary Paull
(b) Address 8815 Bridgeport Ave. Brentwood, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cem.

18. (a) Signature of funeral director Jay. B. Smith
(b) Address 7456 Manchester Ave. Maplewood

19. (a) FEB 23 1946 (Date received by registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1946 hour 9 minute 15a 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 — Duration
Carcinoma of Uterus with
Due to Metastasis to both lungs
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)
(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? Means of injury

23. Signature (M. D. or other)
Address Date signed 2/23/46

(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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address 745 Manchester

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.