

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

#61708  
**FILED SEP 14 1946**  
 Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County St. Louis, Missouri.  
 (b) City or town St. Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff  
(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

**3. (a) PRINT FULL NAME** CATHERINE PELPHEHY  
**3. (b) If veteran,** name war NONE **3. (c) Social Security No.** NONE

**4. Sex** FEMALE **5. Color or race** WHITE  
**6. (a) Single, widowed, married, divorced** WIDOW  
**6. (b) Name of husband or wife** CHARLES **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** AUG. 16 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>0</u>	<u>15</u>	hr. _____ min.

**9. Birthplace** ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** HOUSEWORK

**11. Industry or business** \_\_\_\_\_

**12. Name** WILLIAM SCHROEDER

**13. Birthplace** GERMANY  
(City, town, or county) (State or foreign country)

**14. Maiden name** CATHERINE KLINE

**15. Birthplace** ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** CATHERINE ANGELL

**(b) Address** 3407 1/2 PARK AVE.

**17. (a) BURIAL** (Burial, cremation, or removal) **(b) Date thereof** SEP 9 1946  
(Month) (Day) (Year)

**(c) Place: burial or cremation** NEW PICKERS CEM

**18. (a) Signature of funeral director** KRIEGSHAUSER UND

**(b) Address** 4428 SO. KING HIGHWAY

**19. (a) SEP 4 1946** (Date received local registrar) **(b) J. S. Gredek** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MO. (b) County Good  
 (c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3407 1/2 PARK AVE. **Memorial**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month August day 31st  
 year 1946 hour 10:25 minute A M.  
**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to August 31st, 1946  
 that I last saw her alive on August 31st, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary fibrosis  
Secondary to unresolved pneumonia  
 Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** 109B  
 Of operations: \_\_\_\_\_  
 Of autopsy: As above

**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?

**23. (a) Signature** [Signature] (Specify type of place)  
**(b) Address** 1515 Lafayette **(c) Date** 8/31/46  
(M. D. or other)

**Address** \_\_\_\_\_ **signed** \_\_\_\_\_

7634

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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 *Edmund J. McDermott*

Licensed Embalmer No. *3024*

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.**