

No. 2
-12-45
-5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41970**
Registrar's No. **3516**

Registration District No. **317** Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Lemay Rural**
(c) Name of hospital or institution:
Lemay Ferry Rd. south of 77 Highway /
(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 **Katherine Deiss**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **William Deiss**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **November 17 1861**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 0 28 hr. min.

9. Birthplace **Mehlville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business _____

MOTHER FATHER { 12. Name **Frank Bollinger**
13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)
14. Maiden name **Marie Kratz**
15. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Harry Theiss**
(b) Address **8 Rt. Box 868 Lemay, Mo. 23**

17. (a) **Burial** (b) Date thereof **Dec. 17, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New St. John's Cem.**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**
7814 S. Broadway
(b) Address

19. (a) **12-19-46** (b) **Arthur J. Allen**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis 9**
(c) City or town **Lemay Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Mehlville, Mo south of 77 Highway**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **15**
year **1946** hour **2** minute **40 A.M.**

21. I hereby certify that I attended the deceased from **Dec. 8** 19**46** to **Dec. 15** 19**46**
that I last saw her alive on **Dec. 15** 19**46**
and that death occurred on the date and hour stated above.
Immediate cause of death **cell. hyp. carditis** Duration **1 year**

Due to **g3d**
Due to _____

Other conditions **Arterio sclerosis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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) (e) Means of injury _____
23. Signature **Arthur J. Allen** (M. D. certifier) _____
Address **7110 Bluewing** Date signed **12-16-46**

7110 Michigan

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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.