

FILED SEP 2 1947

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1847

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town BALLWIN  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Pine Crest Homes #4  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37  
(c) City or town Hermann  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Fred Kattlemann

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Bertha Kattleman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 11 1860  
(Month) (Day) (Year)

8. AGE: 87 Years Months Days If less than one day  
87 3 14 hr. min.

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

10. Usual occupation Retired Farmer

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

12. Name Fred Kattlemann

13. Birthplace Hermann Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Grebe

15. Birthplace Hermann Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Kattlemann

(b) Address Hermann, Mo.

17. (a) Burial (b) Date thereof 8-27-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd

19. (a) 8-28-47 (b) Gene J. Haynes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25 year 1947 hour 15 minute 45 AM

21. I hereby certify that I attended the deceased from July 28 1947 to July 25 1947; that I last saw him alive on Aug 25 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemiplegia, Hypertension, Chronic Myocarditis

Due to Senility

Due to 93d

Other conditions Hemiplegia, cerebral hypertension, Chronic myocarditis, Senility  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 D

23. Signature A. J. Smith (M. D. or other)

Address 3502 Ploma Date signed 8-25-47

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

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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.....

*G. W. Wilkerson*

Licensed Embalmer No.....

*3575*

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.**