S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Wh. M. 40453

State File No.

FILED NOV 25 1947

Registration District No. 317

Primary Registration District No. 6676

Registrar's No. 2395

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Berkeley City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 10,025 Natural Bridge Rd.
(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 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Berkely City
(If outside city or town limits, write "RURAL")
(d) Street No. 10,025 Natural Bridge Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Katharine E. Warmann

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Frank C.G.

6. (c) Age of husband or wife if alive Dcd. years

7. Birth date of deceased Dec. (Month) 15 (Day) 1866 (Year)

8. AGE: Years 80 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Maryland Heights (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Fred Schroeder
13. Birthplace St. Louis County (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Johanna Amelung
15. Birthplace St. Louis County (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant William Warmann
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2504-Woodson Rd-Overland Mo.

19. (a) 11-21-47 (Date received local registrar) (b) Cecile J Sharpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1947n hour 11 minute 15 P M.

21. I hereby certify that I attended the deceased from 3/21/47, 19, to 11/18/47, 19; that I last saw h CR alive on 11/18, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	2 yrs
Due to 93d	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (e) Means of injury 0

23. Signature Maurice A. Deller (M. D. or other) M.D.
Address 8924 St Charles Rd St Louis 14, Mo Date signed 11/20/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1949

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 Mo

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.