No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6170

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1696

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 44 days (Specify whether
In this community 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1725 S ~~23rd St~~ 3rd St 9
(If rural, give location)

#23

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Theodore Roosevelt Catchings

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie Catching

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased April (Month) 4th (Day) 1902 (Year)

8. AGE: Years 45 Months 10 Days 7 If less than one day hr. min.

9. Birthplace DDesoto (City, town, or county) Miss. (State or foreign country)

10. Usual occupation Minister

11. Industry or business

FATHER
12. Name John Catching
13. Birthplace Unknown (City, town, or county) Miss, (State or foreign country)

MOTHER
14. Maiden name Octava
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John Catching
(b) Address 1541 So. 3rd, St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/48 (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale

18. (a) Signature of funeral director A. H. Burks
(b) Address 2128 Carroll St.

19. (a) FEB 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
year 1948 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Dec. 27, 1947, to Feb. 11, 1948, that I last saw him alive on Feb. 11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Organic Brain Disease	Undet.
Pneumonia, Lobar	
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations

Of autopsy None

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

23. Signature Herbert J. Freeman MD 2601 N Whittier (M. D. or other) 2/13/48

Address Date signed

Jefferson City Printing Co. (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~~ ..... ~~Registered Apprentice No.~~ ..... working under my personal supervision.

Signed Theodore T. Yandell

Licensed Embalmer No. 4243

P. O. Address 14 Seymour St. Worth Texas

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.