S. No. 300
M—10-47
v. 5-17-39
I 3906

#82984

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 11 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6388

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2142

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

1. PLACE OF DEATH:

(a) County

(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 Memorial
(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 Add

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

(d) Street No. 3001-N. Jefferson Ave. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME KATHERINE GAST

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F. /

5. Color or race W.

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

6. (b) Name of husband or wife Henry J.

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

7. Birth date of deceased Jan (Month) 24 (Day) 1863 (Year)

8. AGE: Years 85 Months 1 Days 4 If less than one day hr. min.

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

10. Usual occupation Retired Housewife

11. Industry or business

FATHER
12. Name Frederick Kern
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Ida E. Schumann
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Wm. Layton
(b) Address 3001-N-Jefferson Av

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation Fee Fee Cemetery

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

19. (a) MAR 2 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28th year 1948 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from 2/26/48, 19, to Feb. 28th, 1948 that I last saw her alive on Feb. 28th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	
Due to: Pulmonary edema	
Due to: Coronary artery arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature John Murphy Jr MD (M. D. or other)

Address 1515 Lafayette Date signed 3/1/48

(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 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.