

FILED JUN 1 1948 818

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County ST. LOUIS MO  
 (b) City or town ST. LOUIS MO  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3320 NEBRASKA 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** KATHRYN MYRICK  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security No.** \_\_\_\_\_

**4. Sex** FEMALE **5. Color or race** WHITE  
**6. (a) Single, widowed, married, divorced** MARRIED  
**6. (b) Name of husband or wife** GARRETT **6. (c) Age of husband or wife if alive** 48 years

**7. Birth date of deceased** JULY 25 1905  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>42</u>	<u>9</u>	<u>24</u>	hr. min.

**9. Birthplace** ST. LOUIS MO  
(City, town, or county) (State or foreign country)

**10. Usual occupation** TELEPHONE OPERATOR

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

**MOTHER FATHER**

**12. Name** MULLEN  
**13. Birthplace** \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
**14. Maiden name** MARY SULLIVAN  
**15. Birthplace** MO.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** GARRETT MYRICK  
**(b) Address** 3320 NEBRASKA

**17. (a) BURIAL** **(b) Date thereof** MAY 22 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** CALVARY CEM

**18. (a) Signature of funeral director** Thomas Kutist  
**(b) Address** 2906 GRAVOIS

**19. (a) 2906 GRAVOIS** **(b) J. F. Bredek**  
(Date received local registration) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County MO  
 (c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3320 NEBRASKA  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month MAY day 19  
 year 1948 hour 3 minute 30 PM

**21. I hereby certify that I attended the deceased from** 24 April 1948 to 19 May 1948  
 that I last saw her alive on 19 May 1948  
 and that death occurred on the date and hour stated above

**Immediate cause of death** Uremia **Duration** 1 mo.

**Due to** Chronic nephritis 5 yrs.

**Due to** Hypertensive cardiac-vascular disease 10 yrs

**Other conditions** malignant hypertension

(Include pregnancy within 3 months of death)

**Major findings:**

Of operations	<u>h</u>
Of autopsy	<u>12</u>

**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? \_\_\_\_\_

**While at work?** \_\_\_\_\_ **(Specify type of place)** \_\_\_\_\_  
**(a) Means of injury** \_\_\_\_\_

**23. Signature** J. F. Bredek **(M. D. or other)** \_\_\_\_\_  
**Address** 3720 Washington **Date signed** 20/5/48

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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.....

*Harold C. Allen*

Licensed Embalmer No. *4347*

P. O. Address.....

*2906 Gravel*

**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.**