

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28824
State File No. 7347
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

| | | | |
|--|------------------------|---|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 9 TOWN 1438 E Grand | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Paulina b. (Middle) c. (Last) KATTER | | 4. DATE OF DEATH (Month) (Day) (Year) Aug 28 1950 | |
| 5. SEX Female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 82 |
| 11. BIRTHPLACE (State or foreign country) Valmje Poland | | 12. CITIZEN OF WHAT COUNTRY? 4 USA | |
| 13a. FATHER'S NAME Harry Power | | 13b. MOTHER'S MAIDEN NAME Rachel Gutman | |
| 14. NAME OF HUSBAND OR WIFE Ann | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS | |

| | | | |
|---|--|---|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerosis, embolus, myocardial infarction</i> | | |
| ANTECEDENT CAUSES | | DUE TO (b) <i>Chronic hypertension</i> | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) <i>Chronic pleurisy</i> | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | |

| | | |
|---|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <i>H2O</i> |

22. I hereby certify that I attended the deceased from *March 19, 1950* to *August 28, 1950*, that I last saw the deceased alive on *Aug 20, 1950*, and that death occurred at *2-30 P.m.*, from the causes and on the date stated above.

| | | | |
|--|---|---|--|
| 23a. SIGNATURE <i>Ernest Reed</i> | (Degree or title) <i>M.D.</i> | 23b. ADDRESS <i>1918 East Grand</i> | 23c. DATE SIGNED |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 24b. DATE <i>8/30/50</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Binai Amona</i> | 24d. LOCATION (City, town, or county) (State) <i>Union Mo.</i> |
| DATE REC'D BY LOCAL HEALTH DEPARTMENT <i>AUG 28 1950</i> | REGISTRAR'S SIGNATURE <i>J. B. Lassater</i> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Reyn Memorial 4715 Mulberry</i> | |

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Quinn G. Quindary

Signed.....
Student Embalmer

Licensed Embalmer No. 4229

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.