

FILED MAR. 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10994

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 3064	Registrar's No. 243
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson 4109		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Oak Knoll Nursing Home		d. STREET ADDRESS (If rural, give location) 37 North Clark avenue 10		
3. NAME OF DECEASED (Type or Print) a. (First) Sarah		b. (Middle) E.		c. (Last) Catlin
4. DATE OF DEATH (Month) (Day) (Year) Jan 23, 1952				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Nov. 26, 1855	9. AGE (In years last birthday) 96
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Dundas, Illinois /
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Isaac Unton		13b. MOTHER'S MAIDEN NAME Cynthia Malick		14. NAME OF HUSBAND OR WIFE Besaluis Catlin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Max Colbert, Abilene, Texas
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 week  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis generalized unknown DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Old Cerebral hemorrhage unknown 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 checked="" type="checkbox"/> 332X
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 2		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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Sept 26, 1948, to Jan 23, 1952, that I last saw the deceased alive on Jan 22, 1952, and that death occurred at 9:00 a.m., from the causes and on the date stated above.				
23a. SIGNATURE Lewis Littmann MD (Degree or title)		23b. ADDRESS 8231 Clayton Rd (17)		23c. DATE SIGNED 1/25/52
24a. BURIAL, CREMATION, REMOVAL (Specify) removal 5		24b. DATE Jan 26th 1952		24c. NAME OF CEMETERY OR CREMATORY Collinsville, Illinois
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schroepfel, Collinsville, Illinois		
DATE REC'D BY LOCAL REG. 1-30-52		REGISTRAR'S SIGNATURE Herbert R. Donk MD		

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John Zetter

Licensed Embalmer No. 3880 —

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.