

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16206**  
Registrar's No. **3796**

FILED APR 23 1953

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 <b>MISSOURI</b> b. COUNTY <b>2159</b>			
b. CITY OR TOWN <b>ST. LOUIS MO</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>ST. LOUIS</b>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2839 MT. PLEASANT</b>			e. STREET ADDRESS (If rural, give location) <b>15 2839 MT. PLEASANT</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CATHERINE</b> b. (Middle) <b>B.</b> c. (Last) <b>Z. SERTL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 9 1953</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN. 14 1895</b>	9. AGE (In years last birthday) <b>58</b>	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>AUGUST ZACHER</b>		13b. MOTHER'S MAIDEN NAME <b>KATHERINE</b>		14. NAME OF HUSBAND OR WIFE <b>ROBERT E SERTL</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ROBERT E. SERTL</b>	ADDRESS <b>2839 MT. PLEASANT</b>			
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.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized carcinoma</b>			
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of pancreas</b>			
			DUE TO (c)			
			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 checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>157X</b>		
22. I hereby certify that I attended the deceased from <b>Jan</b> , 1952, to <b>April 9</b> , 1953 that I last saw the deceased alive on <b>April 9</b> , 1953 and that death occurred at <b>10:25 A</b> m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <b>Louis I. Ribicki MD</b>			23b. ADDRESS <b>634 New Grand</b>		23c. DATE SIGNED <b>10 April 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>APRIL 13 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>		
DATE REC'D BY LOCAL REG. <b>APR 10 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Kutis 2906 GRAND ST</b>			

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

VS  
JUL 6  
1900

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.....  
Signature of Student Embalmer

Signed *Geo J. Budde*.....

Licensed Embalmer No. *3989*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.