

FILED MAR 31 1955

STANDARD CERTIFICATE OF DEATH

9303

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1460

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

1. PLACE OF DEATH

a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis

c. LENGTH OF STAY (in this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY _____

c. CITY OR TOWN St Louis

d. Is residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) 23 1832a Russell Blvd

3. NAME OF DECEASED (Type or Print)

a. (First) Katherine b. (Middle) _____ c. (Last) Allen

4. DATE OF DEATH (Month) (Day) (Year) Feb 14 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH May 29 1912 9. AGE (In years last birthday) 42 If UNDER 1 YEAR Months _____ If UNDER 4 HRS. Days _____ Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor

10b. KIND OF BUSINESS OR INDUSTRY Concordia Pub

11. BIRTHPLACE (City and State or Foreign Country) St Louis Missouri

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Albert Brodbeck 13b. MOTHER'S MAIDEN NAME Minnie Hoppe 14. NAME OF HUSBAND OR WIFE None

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 Irene Geist ADDRESS 2050a Ann Av

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency

ANTECEDENT CAUSES

Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.

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. AUTOBIOGRAPHY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____ 4201

22. I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at 8:35 p.m. from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 2 16 55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 2/18/55 24c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran 24d. LOCATION (City, town, or county) (State) St Louis County Mo.

DATE REC'D BY LOCAL REG. FEB 16 1955 REGISTRAR'S SIGNATURE Carl Smith Mo 25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home ADDRESS 1926 Allen Av

(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 Student Embalmer No..... working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed *Reinhold K. Schuman*

Licensed Embalmer No. *3393*

P. O. Address *St Louis 7 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.