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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40296

Registration District No. 1003 — Primary Registration District No. — Registrar's No. 10067

FILED JAN 15 1941 01

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1859 - S 10TH ST. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS 23 (If outside city or town limits, write "RURAL")

(d) Street No. 1859A S TENTH ST (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ELSIE KILLIAN

3. (b) If veteran, name war

3. (c) Social Security No. 490-03-7902

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ERWIN KILLIAN

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased APRIL 20 - 1899 (Month) (Day) (Year)

8. AGE: Years 41 | Months 7 | Days 16 | If less than one day hr. min.

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

10. Usual occupation HOUSEWORK U

11. Industry or business

FATHER
12. Name CHARLES BAROLINSKY U
13. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name DORA THAMES
15. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

16. (a) Informant ERWIN KILLIAN

(b) Address 1859A S 10TH ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 9 1940 (Month) (Day) (Year)

(c) Place: burial or cremation ST. PAUL CHURCHYARD

18. (a) Signature of funeral director Thos. Kutis & Son

(b) Address 2906 Gravois

19. (a) DEC 8 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 6 year 1940 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from 6/12, 1940, to 12/6, 1940; that I last saw her alive on 10/15, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of rectum	18 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Exploratory lap - Ca rectum c̄ liver metastases (6/29/40)
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury 1

23. Signature William H. Gray (M. D. or other) MD

Address Barnard Garvin & Canon Hosp. Date signed 12/6/40

(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 Leo Budde, Registered Apprentice No. ..... working under my personal supervision.

Signed Leo Budde

Licensed Embalmer No. 7989

P. O. Address St Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.