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FILED APR 27 1949
#96652

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14168
State File No. 3516

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

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, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) ✓		d. STREET ADDRESS (If rural, give location) 5144 ST LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis City Hospital #1.			

3. NAME OF DECEASED (Type or Print) ROSA SINGLER			4. DATE OF DEATH (Month) (Day) (Year) April 16, 1949					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT 29, 1872	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) LOUISIANA		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME PAUL SCHLIN	13b. MOTHER'S MAIDEN NAME VICTORIA MAURER	14. NAME OF HUSBAND OR WIFE JOSEPH
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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. NO	17. INFORMANT'S SIGNATURE OR NAME Mrs. Louise Marshall	ADDRESS 5144 ST LOUIS
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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, asthenia, 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) <u>Carcinomatosis, generalized</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of pancreas. Primary</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>		46	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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?

22. I hereby certify that I attended the deceased from 4/15/49 19, to 4/16/49, 19, that I last saw the deceased alive on 4/16/49, and that death occurred at 2:45 PM from the causes and on the date stated above.

23a. SIGNATURE Edward W. Czebinski M.D.	(Degree or title)	23b. ADDRESS 1515 Lafayette	23c. DATE SIGNED 4/18/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4/20/49	24c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL	24d. LOCATION (City, town, or county) (State) ST LOUIS MO
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DATE REC'D BY LOCAL REG. APR 19 1949	REGISTRAR'S SIGNATURE J. B. Lazarus	25. FUNERAL DIRECTOR'S SIGNATURE Cullen & Kelly	ADDRESS 4386 LINDELL BLVD
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James G. Lammers

Licensed Embalmer No. 4142

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