

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12550
4654
Registrar's No. _____

BIRTH NO. <u>#95621</u>		REG. DIST. NO. <u>318</u>	PRIMARY REG. DIST. NO. <u>1003</u>
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Highland</u>	
c. LENGTH OF STAY (in this place) _____		d. TYPE OF BURIAL (If rural give location) <u>Funeral</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.</u>		2. DATE OF DEATH (Month) (Day) (Year) <u>May 26th, 1949</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>PANSY</u>		b. (Middle) <u>NEHLS</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) _____	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 12th - 1909</u>
9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Kitchen Helper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unemployed</u>	11. BIRTHPLACE (State or foreign country) <u>Sidney Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Ben Thomas</u>	
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Elmer Nehls, Highland 222</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thromia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Carcinoma of Group Stage IV</u> <u>2 yrs</u>	
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 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) <u>Highland</u>	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? <u>171X</u>	22. I hereby certify that I attended the deceased from <u>March 14, 1949</u> , to <u>May 26th, 1949</u> , that I last saw the deceased alive on <u>May 26th, 1949</u> , and that death occurred at <u>5:30am</u> from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Lowis S. Knapp, M.D.</u>		23b. ADDRESS <u>1515 Lafayette Ave.,</u>	
23c. DATE SIGNED <u>5/26/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5-27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gullick</u>	
24d. LOCATION (City, town, or county) (State) <u>Highland, Ill.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Rowland Mortuary Service, 4104 Manchester Ave.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 27 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Boster</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

179

4654

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.

Signed _____

Ronald D. Yahnke

Signed _____
Student Embalmer

Licensed Embalmer No. _____

3917

P. O. Address _____

Okechis 107

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.