

15377

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 5 1950

State File No.

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 1135	
1. PLACE OF DEATH a. COUNTY St Louis				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 town) Sappington		c. LENGTH OF STAY (In this place) 4 1/2 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) Sappington		4930	
d. FULL NAME OF HOSPITAL OR INSTITUTION R 6, Box 708-25				d. STREET ADDRESS (If rural, give location) R 6, Box 708-25			
3. NAME OF DECEASED (Type or Print) a. (First) Mildred		b. (Middle) _____		c. (Last) Ebling		4. DATE OF DEATH (Month) (Day) (Year) May 1, 1950	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 8-11-1909	
9. AGE (In years last birthday) 40		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Carl H Euler		13b. MOTHER'S MAIDEN NAME Klein		14. NAME OF HUSBAND OR WIFE Fred Ebling	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Fred Ebling			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinoma ANTECEDENT CAUSES DUE TO (b) Carcinoma left breast Morbidity conditions, if any, giving 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. 170X				INTERVAL BETWEEN ONSET AND DEATH 6 mo. 3 1/2 yrs ago	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Left radical mastectomy 3 1/2 yrs ago.				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)		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 Oct 1946 to April 30, 1950 , that I last saw the deceased alive on Apr. 30, 1950 , and that death occurred at 4 A m., from the causes and on the date stated above.							
23a. SIGNATURE S. J. Meyer				23b. ADDRESS 3606 Gravois		23c. DATE SIGNED 4-2-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/3/50		24c. NAME OF CEMETERY OR CREMATORY N. St Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St Louis, Mo.	
DATE REC'D BY LOCAL REG. MAY 2 1950		REGISTRAR'S SIGNATURE Robert K. ...		25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhein & Sons		ADDRESS 7027 Gravois	

WRITE PLAINLY—USING UNFAADING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

W. G. Peterson

Signed.....
Student Embalmer

Licensed Embalmer No. *3767*

P. O. Address *7027 Travis*

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.