

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 34473
Registrar's No. 183

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 183	
1. PLACE OF DEATH a. COUNTY St Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN-Rural Rt 3 St Charles		c. LENGTH OF STAY (in this place) 23 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rt 3 ST. CHARLES			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital				d. STREET ADDRESS (If rural, give location) Rural Rt 3			
3. NAME OF DECEASED (Type or Print) a. (First) Elenora b. (Middle) Koetter c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) October 4 1950				
5. SEX F /		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 7 1901	
9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeper		11. BIRTHPLACE (State or foreign country) St Charles Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Herman D Ermeling			13b. MOTHER'S MAIDEN NAME Emma Seeler			14. NAME OF HUSBAND OR WIFE Irwin Koetter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Irwin Koetter Rt 3 St Charles Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ADENOCARCINOMA OF LEFT BREAST</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>METASTASES TO PELVIS & SPINE</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 YRS</u> <u>170X</u> <u>2 YRS</u>
19a. DATE OF OPERATION <u>1938</u>		19b. MAJOR FINDINGS OF OPERATION <u>ADENOCARCINOMA OF LEFT BREAST</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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) (Minute) m.		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 <u>8-10</u> , <u>1950</u> , to <u>10-4</u> , <u>1950</u> , that I last saw the deceased alive on <u>10-4</u> , <u>1950</u> , and that death occurred at <u>12:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Calvin Clayton</u>			23b. ADDRESS <u>St. CHARLES MO</u>		23c. DATE SIGNED <u>10-7-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>October 7 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Charles Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-7-50</u>		REGISTRAR'S SIGNATURE <u>Fannie Hutchinson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hutchinson-Panc</u>		ADDRESS <u>St Charles Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE NO. 4

OCT 21 1950

RECEIVED

File No.

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..... *Arthur C. Bone*

Signed.....
Student Embalmer

Licensed Embalmer No. *31517*

P. O. Address..... *St Charles 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 this body is not embalmed, fact should be so stated above.