

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38458
10057
Registrar's No.

#13716

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2189	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 925 S. TAYLOR AV.	
3. NAME OF DECEASED (Type or Print) a. (First) GERTRUDE		b. (Middle) ELLIOTT	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) OV. 25th, 1950	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) W. Y	8. DATE OF BIRTH NOV-14-1880
9. AGE (In years last birthday) 70 YRS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N/A	11. BIRTHPLACE (State or foreign country) Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME UNKNOWN EADS.	
13b. MOTHER'S MAIDEN NAME MARY CARROLL		14. NAME OF HUSBAND OR WIFE BERT. ELLIOTT.	
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.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. E. S. Therry 4509 Chestnut Ave.		ADDRESS	
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) Carcinoma of stomach 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. Esophageal hiatus hernia		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 11-1-50		19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach with metastasis	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 151X			
22. I hereby certify that I attended the deceased from 11/23/50, 19___, to 11/25/50, 19___, that I last saw the deceased alive on 11/25/50, 19___, and that death occurred at 2:45pm m., from the causes and on the date stated above.			
23a. SIGNATURE Jean C. Gladden (Degree or title) M.D.		23b. ADDRESS 1515 Lafayette Ave.,	
23c. DATE SIGNED 11/25/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV-28-50	
24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK Cem		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. NOV 27 1950		REGISTRAR'S SIGNATURE J. Blasco	
25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schmar		ADDRESS 3125 Lafayette Ave	

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.....
Student Embalmer

Signed.....

Joseph B. Hollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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.