No. 300
10.48

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6052

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1397

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST Louis
c. LENGTH OF STAY (in this place): 4 Weeks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Herculaneum
d. STREET ADDRESS (If rural, give location): 0500 1

3. NAME OF DECEASED (Type or Print)
a. (First): Eva
b. (Middle): Marie
c. (Last): Fadler

4. DATE OF DEATH (Month) (Day) (Year): Feb. 8, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 3, 1896
9. AGE (In years last birthday): 55 — If under 1 year: Months 1, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10b. KIND OF BUSINESS OR INDUSTRY: P.P.G. Co.
11. BIRTHPLACE (State or foreign country): Perry Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: August Buff
13b. MOTHER'S MAIDEN NAME: Emma Herron
14. NAME OF HUSBAND OR WIFE: Dan Fadler

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: Dan Fadler — **ADDRESS**: Herculaneum, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Ovarian Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 175X

22. *I hereby certify that I attended the deceased from* Aug 50, 19 50, *to* Jan 8, 19 51, *that I last saw the deceased alive on* Jan 7, 19 51, *and that death occurred at* 1:55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dr. Jerome O. Mu D. (Degree or title)
23b. ADDRESS: Herculaneum, Mo.
23c. DATE SIGNED: 2/9/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 11, 1951
24c. NAME OF CEMETERY OR CREMATORY: Younts Cemetery
24d. LOCATION (City, town, or county) (State): Bollinger Co. Mo.

DATE REC'D BY LOCAL REG. FEB 12 1951
REGISTRAR'S SIGNATURE: B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: Gentry C. Poliette — ADDRESS: Crystal City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Gentry K. Pollitte

Signed.....
Student Embalmer

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.