

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14032

3222

| | | | | | | | | | | | |
|---|-------------------------------|--|--|--|---|---|--------------------------------|--|------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. <u>1003</u> | | Registrar's No. <u>3222</u> | | | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>) | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | <u>220th</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3008 N. Jefferson</u> | | | | e. STREET ADDRESS <u>3008 N. Jefferson</u> | | (If rural, give location) _____ | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) _____ c. (Last) <u>Epelley</u> | | | 4. DATE OF DEATH | | Month <u>4</u> Day <u>4</u> Year <u>51</u> | | | | | | |
| 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>June 4-1896</u> | | 9. AGE (In years last birthday) <u>54</u> | IF UNDER 1 YEAR Months _____ | IF UNDER 1 YEAR Days _____ | IF UNDER 24 HRS. Hours _____ | Min. _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Austria</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ | | | | | |
| 13a. FATHER'S NAME <u>Louis Gorgely</u> | | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>John Epelley</u> | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>John Epelley</u> ADDRESS <u>3008 N. Jefferson A</u> | | | | | | | |
| 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) <u>Carcinoma of Colon with metastases</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 years</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. | | | | | | | |
| 19a. DATE OF OPERATION <u>7-9-49</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Impalpable Carcinoma of sigmoid Colon with metastases</u> | | | | 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) (Min) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>153X</u> | |
| 22. I hereby certify that I attended the deceased from <u>June 9, 1949</u> to <u>April 4, 1951</u> , that I last saw the deceased alive on <u>March 21, 1951</u> , and that death occurred at <u>10:30 PM</u> from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE <u>Dmytryk</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>University Club Bldg.</u> | | | 23c. DATE SIGNED <u>4-5-51</u> | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-7-1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u> | | | | | |
| DATE REC'D BY LOCAL REG. <u>APR 6 1951</u> | | REGISTRAR'S SIGNATURE <u>J B Parson</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Leidner U.</u> ADDRESS <u>2223 St. Louis Ave.</u> | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

FORM 101

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.

Student
Student Embalmer

Signed *J. Wm. Bentley*
Licensed Embalmer No. *365B*

P. O. Address

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.