

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17695
Registrar's No. 91

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058

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 St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Peters	
c. LENGTH OF STAY (in this place) 3 wks		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Elta b. (Middle) Iffrig c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 5-10-51		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-18-1900		9. AGE (In years last birthday) Months Days 50 4 22		IF UNDER 14 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (State or foreign country) St. Peters, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME William Ruff			13b. MOTHER'S MAIDEN NAME Emma Zerr			14. NAME OF HUSBAND OR WIFE Urban Iffrig		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME Urban Iffrig, St. Peters, Mo.		ADDRESS	
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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) Generalized Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma - cervix uteri DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 171X						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1950 to May 10, 1951, that I last saw the deceased alive on May 10, 1951, and that death occurred at 8:30 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George R. Sauterms			23b. ADDRESS O'Fallon, Mo.			23c. DATE SIGNED 5-11-51		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-14-51		24c. NAME OF CEMETERY OR CREMATORY All Saints Cemetery		24d. LOCATION (City, town, or county) (State) St. Peters, Mo.	
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DATE REC'D BY LOCAL REG. 5-11-51		REGISTRAR'S SIGNATURE Francis Housley		25. FUNERAL DIRECTOR'S SIGNATURE Geo. Steffater		ADDRESS St. Peters Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 22 1951

RECEIVED

DEC 15 1951

JUN 12 1951

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 _____

E. A. Keithly

Signed _____
Student Embalmer

Licensed Embalmer No. _____

877

P. O. Address _____

Fallon 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.