

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2444

State File No.

FILED FEB 9 1952

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 26

0923

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

1. PLACE OF DEATH a. COUNTY ST CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) ST CHARLES		c. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS 2059	
c. LENGTH OF STAY (in this place) 4 WEEKS		d. STREET ADDRESS (If rural, give location) 5777 WEST MINISTER PL	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ESTELLA	b. (Middle) M	c. (Last) LANDESS	4. DATE OF DEATH (Month) (Day) (Year) 2-7-52
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 22ND 1887	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 8 Days 15	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ANDREW J CLARIS	13b. MOTHER'S MAIDEN NAME ARMINTA ERNST	14. NAME OF HUSBAND OR WIFE J OWEN LANDESS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS INEZ FLEMING 2358 So. 39 st.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon, transverse		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatous generalized		
	DUE TO (c) Fracture left femur, pathological		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 2-9-51	19b. MAJOR FINDINGS OF OPERATION Carcinoma colon, invading small intestine	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? B2X
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22. I hereby certify that I attended the deceased from **2-6, 1951**, to **2-7, 1952**, that I last saw the deceased alive on **2-7, 1952**, and that death occurred at **2:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Russell Glider, MD	23b. ADDRESS St Charles Mo 247-52	23c. DATE SIGNED 2-7-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/7/52	24c. NAME OF CEMETERY OR CREMATORY SUN SET BURIAL PARK	24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO
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DATE REC'D BY LOCAL REG. 2/7/52	REGISTRAR'S SIGNATURE Francis Hammett	284-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AMBROSTER MORTUARY 6633
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RELAY TOWER

FEB 21 1952
APR 12 1952

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

Ernest W. Spillers

Licensed Embalmer No.

4080

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.