

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7285**

FILED FEB 24 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>		d. STREET ADDRESS (If rural, give location) <u>1101 Jackson St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1101 Jackson St.</u>		e. STREET ADDRESS (If rural, give location) <u>1101 Jackson St.</u>	
3. NAME OF DECEASED (Type or Print) <u>Anna Larowitz</u>		4. DATE OF DEATH <u>Feb. 15, 1953</u>	
a. (First)		b. (Middle)	
c. (Last)		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>Dec. 14, 1886</u>		9. AGE (In years last birthday) <u>66</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Doshorich Austria</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Martha Bachinkia</u>		13b. MOTHER'S MAIDEN NAME <u>Frank Girhoke</u>	
14. NAME OF HUSBAND OR WIFE <u>Nike Larowitz</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mike Larowitz</u> ADDRESS <u>Flat River, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia 2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer Transverse Colon</u> DUE TO (c) <u>153X</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Sept 8, 1952, to Feb 15, 1953</u> , that I last saw the deceased alive on <u>Feb 15, 1953</u> , and that death occurred at <u>8:45 Am.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>W. S. [Signature]</u>		23b. ADDRESS <u>Flat River Mo.</u>	
23c. DATE SIGNED <u>2/16/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>2/17/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Conception</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Z. Boyer & Son Desloge, Mo.</u> ADDRESS	
DATE REC'D BY LOCAL REG. <u>Feb. 16, 1953</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>	

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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge 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.