THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16505

State File No. .....

FILED APR 29 1953

BIRTH NO. ..... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 1148

1. PLACE OF DEATH

a. COUNTY: St Louis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland

c. LENGTH OF STAY (in this place): 26 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3109 Calvert

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Mo

b. COUNTY: St Louis

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland 423 X

d. STREET ADDRESS (If rural, give location): 3109 Calvert

3. NAME OF DECEASED (Type or Print)

a. (First): Alfonsina

b. (Middle): Pasche

c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Apr 21 1953

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Oct 19 1885

9. AGE (In years last birthday): 67

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Central America 3

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Alexander Carit

13b. MOTHER'S MAIDEN NAME: Frances Belteton

14. NAME OF HUSBAND OR WIFE: Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Elizabeth Mahood 3109 Calvert

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) Cancer - head of Pancreas

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.

157X

INTERVAL BETWEEN ONSET AND DEATH: 5

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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?

22. *I hereby certify that I attended the deceased from* Mar 16, 1953, *to* April 21, 1953, *that I last saw the deceased alive on* April 14, 1953, *and that death occurred at* 9:14 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S E Pawol MD

23b. ADDRESS: Overland, Mo.

23c. DATE SIGNED: 4-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Apr 20 1953

24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery

24d. LOCATION (City, town, or county) (State): Chicago Ill

DATE REC'D BY LOCAL REG.: 4-22-53

REGISTRAR'S SIGNATURE: Herbert R. Domke MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ortmann F Home 92222 Lackland Overland Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Al C Ostmann

Signed.....
Student Embalmer

Licensed Embalmer No. 3478

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.