

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**21218**

State File No. \_\_\_\_\_

**FILED JUN 16 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 1732 Registrar's No. 38

|   |   |   |                           |
|---|---|---|---------------------------|
| <b>1. PLACE OF DEATH</b>  |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) |                           |
| a. COUNTY <u>Franklin</u>   | a. STATE <u>Mo</u>  | b. COUNTY <u>Franklin</u>   | b. COUNTY <u>Franklin</u> |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair rural</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair</u> | Mo, 10 <sup>0</sup> <sub>0</sub>  |                           |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>  | d. STREET ADDRESS (If rural, give location) <u>Mo.</u>  | 03  |                           |

|   |                      |   |                         |  |                           |
|---|----------------------|---|-------------------------|--|---------------------------|
| <b>3. NAME OF DECEASED</b>  |                      |   | <b>4. DATE OF DEATH</b> |  |                           |
| (First) <u>Elsie</u>  | (Middle) <u>Emma</u> | (Last) <u>Jureka</u>                                  | (Month) <u>June</u>     | (Day) <u>13</u>  | (Year) <u>1953</u>        |
| <b>5. SEX</b> <u>Female</u>   |                      | <b>6. COLOR OR RACE</b> <u>White</u>                  |                         | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>widowed</u> |                           |
| <b>8. DATE OF BIRTH</b> <u>NOV 25 1900</u>  |                      | <b>9. AGE (In years last birthday)</b> <u>52</u>      |                         | <b>10. MONTHS</b> <u>5</u>   | <b>11. DAYS</b> <u>12</u> |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>International Shoe Co</u> |                      | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>clock</u> |                         | <b>11. BIRTHPLACE</b> (State or foreign country) <u>St. Louis Mo.</u>        |                           |
| <b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A</u>  |                      |   |                         |  |                           |

|  |   |  |
|--|---|--|
| <b>13a. FATHER'S NAME</b> <u>Louis Ecker</u> | <b>13b. MOTHER'S MAIDEN NAME</b> <u>Elsie Schneider</u> | <b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u> |
|--|---|--|

|  |  |  |  |
|--|--|--|--|
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> | <b>16. SOCIAL SECURITY NO.</b> (If yes, give way or dates of service) <u>489-04-2574</u> | <b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Walter English</u> | <b>18. ADDRESS</b> <u>3137a Wilmington</u> |
|--|--|--|--|

|  |   |   |   |
|--|---|---|---|
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | <b>MEDICAL CERTIFICATION</b>  |   | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><u>5 min</u><br><br><u>5 min</u> |
|  | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Anaphylactic shock</u> |   |   |
| <b>ANTECEDENT CAUSES</b>   |   | <b>DUE TO (b)</b> <u>Nope sting</u>   |   |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |   | Patient D.O.A. after inter cardiac adrenaline.  |   |
| *Original resp. <u>due to</u> heart beat for about 2 min.  |   | <u>9270</u>   |   |
| <b>II. OTHER SIGNIFICANT CONDITIONS</b>  |   | Conditions contributing to the death but not related to the disease or condition causing death. |   |

|                               |   |  |
|-------------------------------|---|--|
| <b>19a. DATE OF OPERATION</b> | <b>19b. MAJOR FINDINGS OF OPERATION</b> | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-------------------------------|---|--|

|  |  |   |
|--|--|---|
| <b>21a. ACCIDENT</b> (Specify) <u>HOMICIDE</u>                                   | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>           | <b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <u>St. Clair</u> (COUNTY) <u>Franklin</u> (STATE) <u>Mo</u> |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>6-13-53 10:30 a.m.</u> | <b>21e. INJURY OCCURRED</b> WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b> <u>Q.A. (original coroner)</u>                                  |

**22. I hereby certify that I attended the deceased from** 6-13-53, 1953, to 6-13-53, 1953, that I last saw the deceased alive on 6-13-53, 1953, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

|   |   |  |
|---|---|--|
| <b>23a. SIGNATURE</b> (Name or title) <u>John J. Paul, M.D.</u> | <b>23b. ADDRESS</b> <u>St. Clair Mo</u> | <b>23c. DATE SIGNED</b> <u>6-13-53</u> |
|---|---|--|

|  |                                 |   |  |
|--|---------------------------------|---|--|
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) | <b>24b. DATE</b> <u>6/16/53</u> | <b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>New St. Marcus Cem</u> | <b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Mo</u> |
|--|---------------------------------|---|--|

|  |   |  |                                    |
|--|---|--|------------------------------------|
| <b>DATE REC'D BY LOCAL REG.</b> <u>6-13-53</u> | <b>REGISTRAR'S SIGNATURE</b> <u>W. H. ...</u> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W. H. ...</u> | <b>ADDRESS</b> <u>St. Clair Mo</u> |
|--|---|--|------------------------------------|

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

No. 300  
10.48

REC-9 7 1072

**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 *Sherrill J. Mitchell*

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.