

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26755**
Registrar's No. **6731**

FILED AUG 12 1953

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 6731	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston		d. STREET ADDRESS (If rural, give location) 6320 Audrey Ave. #361
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospt.			d. STREET ADDRESS (If rural, give location) 6320 Audrey Ave. #361		
3. NAME OF DECEASED (Type or Print) Lillian		a. (First)	b. (Middle) M	c. (Last) Panchot	4. DATE OF DEATH (Month) (Day) (Year) 7/6/53
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 23, 1904	9. AGE (In years last birthday) 48 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) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) St. Louis Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Driemeyer		13b. MOTHER'S MAIDEN NAME Christina Crossman	
14. NAME OF HUSBAND OR WIFE Arthur L. Panchot Dec.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. Dont Know	
17. INFORMANT'S SIGNATURE OR NAME Ruth Zalewski		ADDRESS 6320 Audrey Ave.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Breast left. 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.			INTERVAL BETWEEN ONSET AND DEATH 18 mos.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of breast			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 170X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 1-29, 1952 , to 7-6, 1953 , that I last saw the deceased alive on 7-6, 1953 , and that death occurred at 8:00p m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Carl E. Fischer M.D.			23b. ADDRESS 457 N. Kingshighway		23c. DATE SIGNED 7/7/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/9/53	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co; Mo.
DATE REC'D BY LOCAL REG. JUL 7 1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.	

(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.....
Student Embalmer

Signed Alfred J. Boedeker
Licensed Embalmer No. 2663

P. O. Address 1125 Huddamont

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.