

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33157

FILED OCT 15 1953

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9071

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital		e. STREET ADDRESS (If rural, give location) 2344 Sulphur Ave. 2039			
3. NAME OF DECEASED (Type or Print) LORRAINE		a. (First) b. (Middle) c. (Last) HAUSNER-ELLIS		4. DATE OF DEATH (Month) (Day) (Year) Sep. 18 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) I.B.M. Operator-Frisco R. R. Co.		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH Dec. 20, 1898	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months Days	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Unknown Tartar		13b. MOTHER'S MAIDEN NAME Elizabeth Aeinger	
14. NAME OF HUSBAND OR WIFE Thomas Ellis		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. 497-03-4483	
17. INFORMANT'S SIGNATURE OR NAME Lorraine Klasok		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.		19. ADDRESS 2344 Sulphur Ave.	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastases of carcinoma		INTERVAL BETWEEN ONSET AND DEATH 1 yr	
3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION In situ adenocarcinoma of colon		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? 153X	
22. I hereby certify that I attended the deceased from April, 1953, to Sept 21, 1953, that I last saw the deceased alive on Sept 21, 1953, and that death occurred at 4:45 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. Kappesser M.D.		23b. ADDRESS 3284 Manlove		23c. DATE SIGNED 9-22-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sep. 21, 1953		24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo		DATE REC'D BY LOCAL REG. SEP 21 1953		REGISTRAR'S SIGNATURE W. C. Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Riegshauser 4228 S. Kingshighway Bl.			

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

2278

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.....
Signature of Student Embalmer

Signed *Richard W. Storr*

Licensed Embalmer No. 4007

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.