

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1953

BIRTH NO. REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **214**

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Franklin.	
b. CITY (If outside corporate limits, write RURAL and give township) Washington		c. CITY (If outside corporate limits, write RURAL and give township) Washington.	
c. LENGTH OF STAY (In this place) 3 wks.		d. STREET ADDRESS (If rural, give location) 411 Jefferson St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital.			

3. NAME OF DECEASED (Type or Print) Katherine		a. (First) Katherine		b. (Middle) Filla		c. (Last) Filla		4. DATE OF DEATH (Month) (Day) (Year) Dec. 18th, 1953	
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 9th, 1877		9. AGE (In years last birthday) 76		10. UNDER 1 YEAR Month 2 Days 9 Hours 9 Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work.		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and State or Foreign Country) Krakow, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Henry Rolfe.		13b. MOTHER'S MAIDEN NAME Louise Holthaus.		14. NAME OF HUSBAND DECEASED Louis H. Filla.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. None.		16. SOCIAL SECURITY NO. None.		17. INFORMANT'S SIGNATURE OR NAME Louis H. Filla		ADDRESS Washington, Mo.	
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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						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized sarcinomatosis		DUE TO (b) Ca. line						1 yr.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) none						unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		none							

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) Washington, Mo.	
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? 1561	

22. I hereby certify that I attended the deceased from **14 Nov, 1950**, to **18 Dec, 1953**, that I last saw the deceased + alive on **17 Dec, 1953** and that death occurred at **8:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE Raymond J. Bress, M.D.		(Degree or title) M.D.		23b. ADDRESS Washington, Mo.		23c. DATE SIGNED 18 Dec 53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 21, 1953.		24c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery,		24d. LOCATION (City, town, or county) (State) Washington, Mo.	
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DATE REC'D BY LOCAL REG. 12/21/53		REGISTRAR'S SIGNATURE The J. Johnson & Co. Embalmers		25. FUNERAL DIRECTOR'S SIGNATURE Hilburg & Vitt, Inc.		ADDRESS Washington, Mo.	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lester A. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, Md

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.