No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6080

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1846

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lutheran Hospital	d. STREET ADDRESS (If rural, give location) 4128 Oregon Ave. 2 15 9 0 15

3. NAME OF DECEASED (Type or Print)	a. (First) Anna	b. (Middle) ---	c. (Last) DeGreeff	4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1954.
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 19, 1886	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) At home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Casper Kargus	13b. MOTHER'S MAIDEN NAME Bertha Strehle	14. NAME OF HUSBAND OR WIFE Aloisius H.DeGreeff		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Aloisius H.DeGreeff ADDRESS 4128 Oregon 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, 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 Carcinomatosis	3 yrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Ca. Left Breast	4 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Hypertension CVR Chronic Cerebrotis Mellitus	

19a. DATE OF OPERATION 5-8-50	19b. MAJOR FINDINGS OF OPERATION Scirrhous Ca Left Breast c̄ Metastasis	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? 170X

22. *I hereby certify that I attended the deceased from* 4-20, 1950, *to* _____, 19__, *that I last saw the deceased alive on* 2-25, 1954, *and that death occurred at* 7:30P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) William W Farley M.D.	23b. ADDRESS 8108 S. Grand	23c. DATE SIGNED 2-26-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Mar. 1, 1954	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County Missouri		
DATE REC'D BY LOCAL REG. FEB 26 1954	REGISTRAR'S SIGNATURE J Carl Smith MD MDB	25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary ADDRESS 2842 Meramec St. St. Louis, 18, 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 me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Joe S. Berry

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis, 18, Missouri

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.