

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17194

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4140</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>50 yrs</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4935 Oleatha Avenue</b>				e. STREET ADDRESS (If rural, give location) <b>4935 Oleatha Avenue</b>			
3. NAME OF DECEASED (Type or Print) <b>NELDA</b>		a. (First) _____		b. (Middle) <b>I</b>		c. (Last) <b>KIRCHHOFF</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>May 5, 1954</b>		5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Oct. 14, 1897</b>		9. AGE (In years last birthday) <b>56</b>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired secretary</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Continental Life Bldg</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Washington, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13a. FATHER'S NAME <b>Dr. Gustave T. Wieland</b>		13b. MOTHER'S MAIDEN NAME <b>Alma Binkhoelter</b>	
14. NAME OF HUSBAND OR WIFE <b>Arthur J. Kirchhoff</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>496-18-1984</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Arthur J. Kirchhoff</b>				ADDRESS <b>4935 Oleatha Ave</b>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Abdominal Carcinomas</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Oct 1953</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.						II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
II. OTHER SIGNIFICANT CONDITIONS						III. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Carcinoma of Colon</b>	
DUE TO (b) _____						DUE TO (c) _____	
19a. DATE OF OPERATION <b>May 1954</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma Splenic Flexure of Colon</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>No</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>No</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>No</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>No</b>					
22. I hereby certify that I attended the deceased from <b>May 1949</b> , to <b>May 2nd, 1954</b> , that I last saw the deceased alive on <b>May 2, 1954</b> , and that death occurred at <b>8:50 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Henry B. Reyer</b>				23b. ADDRESS <b>508 N. Grand</b>		23c. DATE SIGNED <b>May 6/1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>May 8, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Concordia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>MAY 8 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Beiderwieden F.H. Inc., 1936 St. Louis Ave.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Henry P. Thym  
508 N. Grand Ave.

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 None  
Signature of Student Embalmer

Signed Helmut J. Krupin  
Licensed Embalmer No. \_\_\_\_\_

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.