

No. 300
10.48

FILED JUN 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. **18517**

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 4124 Registrar's No. 8

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 OR TOWN Gerald		c. CITY OR TOWN Gerald	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gerald, Mo.			

3. NAME OF DECEASED (Type or Print) ERNA	a. (First) M.	b. (Middle) VOSBRINK	c. (Last)	4. DATE OF DEATH June 13, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 19, 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Ernst A. Nolkemper	13b. MOTHER'S MAIDEN NAME Minnie Peters	14. NAME OF HUSBAND OR WIFE J. Hy. Vosbrink
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME J. Hy. Vosbrink, Gerald, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanotic lesion to Lung from Primary Fibrosarcoma of the abdominal wall		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) of the abdominal wall		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 191X		

19a. DATE OF OPERATION 11-25-52	19b. MAJOR FINDINGS OF OPERATION Tumor of abdominal wall - Fibrosarcoma	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE	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) (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 11-25, 1952, to 6-13, 1954, that I last saw the deceased alive on 6-10, 1954, and that death occurred at 10:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles Schindler M.D.	23b. ADDRESS Gerald, Mo.	23c. DATE SIGNED 6-14-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6.16-54	24c. NAME OF CEMETERY OR CREMATORY Valhalla	24d. LOCATION (City, town, or county) (State) 7300 St. Charles Rock Rd.
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DATE REC'D BY LOCAL REG. June 14 1954	REGISTRAR'S SIGNATURE John Charles Finley	503	25. FUNERAL DIRECTOR'S SIGNATURE Ernest L. Ottmann	ADDRESS Gerald, Mo.
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(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, Student Embalmer No. working under my personal supervision!:

Student.....
Signature of Student Embalmer

Signed..... Ernest P. Oltmann

Licensed Embalmer No. 4032

P. O. Address..... Grand, W.

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.