

FILED SEP 21 1954

STANDARD CERTIFICATE OF DEATH

State File No. **32089**
Registrar's No. **8151**

1003

No. 300
10-48

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		State File No. 32089		Registrar's No. 8151			
1. PLACE OF DEATH a. COUNTY 318					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN St. Louis		d. In 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 (If not in hospital or institution, give street address or location) Lutheran Hospital					e. STREET ADDRESS (If rural, give location) 6557 Pernod		20390				
3. NAME OF DECEASED (Type or Print) Helen			a. (First)		b. (Middle) Ann		c. (Last) Pence		4. DATE OF DEATH (Month) (Day) (Year) Sept. 3, 1954		
5. SEX fe		6. COLOR OR RACE wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 1, 1914		9. AGE (In years last birthday) 40		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank Teller			10b. KIND OF BUSINESS OR INDUSTRY Bank of St. Louis			11. BIRTHPLACE (City and State or Foreign Country) Herrin, Illinois			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Stanley Zilinsky			13b. MOTHER'S MAIDEN NAME Victoria Unknown			14. NAME OF HUSBAND OR WIFE Mr L.E. Pence					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. 329-10-0020			17. INFORMANT'S SIGNATURE OR NAME L.E. Pence, 6557 Pernod, 9					
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Scirrhous Ca. Lt. breast. Radical mastectomy 12/5/52 DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cachexia						INTERVAL BETWEEN ONSET AND DEATH Jan 1954 3 yrs. 3 mos.		
19a. DATE OF OPERATION 12/5/52			19b. MAJOR FINDINGS OF OPERATION Scirrhous Ca. grade III. No lymphatic metastases						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 170x					
22. I hereby certify that I attended the deceased from 11/15/52 , 19____, to 9/9/54 , 19____, that I last saw the deceased alive on 9/2/54 , 19____, and that death occurred at 7:30a m. , from the causes and on the date stated above.											
23a. SIGNATURE Walter H. Hofer					23b. ADDRESS 3108 S. Grand			23c. DATE SIGNED SEP 9 '54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/7/54		24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery		24d. LOCATION (City, town, or county) (State) Belleville, Ills.					
DATE REC'D. BY LOCAL REG. SEP 4 1954			REGISTRAR'S SIGNATURE J. Earl Smith			25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister ADDRESS Colonial Mortuary, Chippewa					

(Licensed Embalmer's Statement on Reverse Side)

W. H. V. Hoefler,
3108 S. Grand

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 *Harry J. Lehmann*.....

Licensed Embalmer No. *2679*.....

P. O. Address *2774 S. Broadway*.....

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.