

No. 309
10-68

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32165

State File No.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7966

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 5 days		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION MOPAC HOSPITAL		e. STREET ADDRESS (If rural, give location) 5316 SUNSHINE DR.			

3. NAME OF DECEASED (Type or Print) a. (First) DORA		b. (Middle)		c. (Last) SCHLOTHAUER		4. DATE OF DEATH (Month) (Day) (Year) AUG. 26 1954	
5. SEX F	6. COLOR OR RACE W	7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH AUG. 29 1888		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Louis Schlothauer		13b. MOTHER'S MAIDEN NAME Sophie Wieben		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NUMBER 492-09-1704		17. INFORMANT'S SIGNATURE OR NAME Helen Schlothauer	
				ADDRESS 5316 Sunshine Dr.	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Terminal ca of biliary tract</i>		INTERVAL BETWEEN ONSET AND DEATH 1950
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

18a. DATE OF OPERATION 6/23/54	19. MAJOR FINDINGS OF OPERATION <i>Superficial Carcinoma of biliary tract with metastasis</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 155X

22. I hereby certify that I attended the deceased from AUG 22, 1954 to AUG 25, 1954 that I last saw the deceased alive on AUG 25, 1954 and that death occurred at 4:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Klaude B. Hosto MD</i>		23b. ADDRESS <i>Mo Pac Hosp</i>		23c. DATE SIGNED <i>8/26/54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 8-28-1954	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	

DATE RECD BY LOCAL REG. AUG 28 1954	REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE J.L. Ziegenhein & Sons		ADDRESS 7027 Gravois
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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 *G. P. Kidwell*
Licensed Embalmer No. *3877*

P. O. Address *7027*
Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.