S. No. 300
v. 10.48

FILED DEC 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38223

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 135

0790

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

1. PLACE OF DEATH
a. COUNTY: PERRY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PERRYVILLE
c. LENGTH OF STAY (In this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PERRY CO. MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: STE. GENEVIEVE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST MARY'S MO
d. STREET ADDRESS (If rural, give location): 025-0 1

3. NAME OF DECEASED (Type or Print)
a. (First): ROSALIA
b. (Middle): CECELIA
c. (Last): KREILICH

4. DATE OF DEATH (Month) (Day) (Year): DEC 5 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV 22 1913
9. AGE (In years last birthday): 41 — If under 1 year: Months / Days — If under 1 hour: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): STE GENEVIEVE MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEORGE BEISER
13b. MOTHER'S MAIDEN NAME: THERESA JOKERST
14. NAME OF HUSBAND OR WIFE: JOSEPH KREILICH

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.:
17. INFORMANT'S SIGNATURE OR NAME: Joseph Kreilich St. Mary's Mo — ADDRESS:

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Osteogenic Sarcoma of Spine — INTERVAL BETWEEN ONSET AND DEATH: 7 mo's

ANTECEDENT CAUSES
Morbid 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. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: — 196X
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?: —

22. *I hereby certify that I attended the deceased from* 3 May, 1954, *to* 5 Dec, 1954 *that I last saw the deceased alive on* 5 Dec, 1954 *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature], MD
23b. ADDRESS: Perryville, Mo
23c. DATE SIGNED: DEC 7 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC 9 1954
24c. NAME OF CEMETERY OR CREMATORY: ST MARY'S MO
24d. LOCATION (City, town, or county) (State): ST MARY'S MO

DATE REC'D BY LOCAL REG.: 12-10-54
REGISTRAR'S SIGNATURE: Jos J Zoellner 250-
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Leo C. Basler Ste. Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

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 persona! supervision.

Student _____
Student Embalmer

Signed Adrian J. Elle

Licensed Embalmer No. 4740

P. O. Address Ste Genevieve, Mo.

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.