

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28432

State File No. ....

FILED SEP 13 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 1952

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>		c. LENGTH OF STAY (in this place) <u>6 weeks</u>	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 <u>Overland Restorium</u>		f. STREET ADDRESS (If rural, give location) <u>9423-North Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) _____ c. (Last) <u>Housekeeper</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 22, 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 11, 1889</u>
9. AGE (In years, last birthday) <u>66</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steno Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Civil Service</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sweden</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Claes Goransson</u>	13b. MOTHER'S MAIDEN NAME <u>Maria Hanson</u>	14. NAME OF HUSBAND OR WIFE <u>Jesse Housekeeper Dcd.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>No</u>	16. SOCIAL SECURITY NO. <u>486-16-1024</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marie Van Wert</u>	ADDRESS <u>618-Gibson Court</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION <u>Columbus, Georgia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignancy of the spleen</u>		
	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 <u>7/1931</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 1, 1955, to Aug 22, 1955, that I last saw the deceased alive on Aug 22, 1955, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Miller</u>	(Degree or title)	23b. ADDRESS <u>2438 Woodson Rd</u>	23c. DATE SIGNED <u>8/25/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-25-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>N. rmandy, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/25/55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>William H. ...</u>	ADDRESS <u>2504-Woodson Rd-Overland, Mo.</u>
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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 *David E. Gibson*

Licensed Embalmer No: *348*

P. O. Address *Overla*

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.