

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28453**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **1968**

1. PLACE OF DEATH a. COUNTY St Louis		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 name of nearest city or town) Richmond Heights		c. LENGTH OF STAY (in this place) 20 days		c. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Mary's Hospital		e. STREET ADDRESS (If rural, give location) 6746 Oleatha		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) Gertrude b. (Middle) _____ c. (Last) Lessmann			4. DATE OF DEATH (Month) (Day) (Year) 8 22 1955		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8-15-1886		9. AGE (In years last birthday) 69 IF UNDER 1 YEAR: Months 0 Days 7 IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) St Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank William Lessmann		13b. MOTHER'S MAIDEN NAME Marie Mathilda Schwabel		14. NAME OF HUSBAND OR WIFE Never married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME John H Lessmann ADDRESS 6746 Oleatha, St. Louis, Mo	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of ovary		
	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.		175x	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION Carcinoma cells in ascitic fluid		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?	

22. I hereby certify that I attended the deceased from **May**, 1954, to **Aug 8**, 1955, that I last saw the deceased alive on **Aug 8**, 1955, and that death occurred at **8:00P m.**, from the causes and on the date stated above.

23a. SIGNATURE John G Matthew (Degree or title) MD		23b. ADDRESS 3701 Watson Rd		23c. DATE SIGNED 8-23-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-25-1955	24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery	24d. LOCATION (City, town, or county) (State) St Louis Co. Mo		
DATE REC'D BY LOCAL REG. 8/23/55	REGISTRAR'S SIGNATURE Richard B. ...		25. FUNERAL DIRECTOR'S SIGNATURE Hoffmeister Colonial Mortuary ADDRESS St Louis 9, Mo		

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

Dr John G Matthews
Watson Rd
St 1-3886

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 L. Schenck*
Licensed Embalmer No. 2674
P. O. Address 7814 *St. Paul*

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.