

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **38395**  
**9937**  
Registrar's No. \_\_\_\_\_

**FILED NOV 18 1955**  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MISSOURI</b> c. LENGTH OF STAY (in this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____  c. CITY OR TOWN <b>St. Louis</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or Print) <b>DORA</b> a. (First) _____ b. (Middle) _____ c. (Last) <b>HUSTERER</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>NOVEMBER 12, 1955</b>		
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Dec. 2, 1876</b>	
<b>9. AGE</b> (In years) (Months) (Days) (Hours) (Mins.) <b>78</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Germany</b>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>At home</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>None</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Charles Erfurt</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>unknown</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>John Husterer, Deceased</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give year or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Anna Helen Husterer, 3726a Maffitt</b>		
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Adenocarcinoma of Stomach</b> <b>ANTECEDENT CAUSES</b> <b>C Metastases Regional</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  _____
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>  <b>151X</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>		
<b>22. I hereby certify that I attended the deceased from</b> <b>9-13-55</b> , to <b>11-12-55</b> , that I last saw the deceased alive on <b>11-12-55</b> , and that death occurred at <b>3:15P</b> m., from the causes and on the date stated above.				
<b>22a. SIGNATURE</b> (Degree or title) <b>James K. Rethelund M.D.</b>		<b>22b. ADDRESS</b> <b>1515 LAFAYETTE AVE.</b>		<b>22c. DATE SIGNED</b> <b>11-14-55.</b>
<b>22a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>22b. DATE</b> <b>Nov. 16, 1955</b>	<b>22c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>	<b>22d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Missouri</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>NOV 15 1955</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Carl Smith MO</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>stock Mortuaries, 2117 E. Grand Bl.</b>	

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, ~~by~~ ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Elton H. Remelick*.....

Licensed Embalmer No. *428*

P. O. Address *St. Louis*.....

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.