

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21893

State File No. _____

FILED JUN 18 1956

318

REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1003 Registrar's No. 5366

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5366	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Clayton 4452		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 St. Lukes Hospital				e. STREET ADDRESS (If rural, give location) 818 Audubon			
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) RATLIFF c. (Last) HOLMAN			4. DATE OF DEATH June 2nd, 1956				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 13th, 1905		9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 19 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 Employed by Beacon VESTRY Co. 1946-1948		11. BIRTHPLACE (City and State or Foreign Country) Moberly, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Louis Ratliff		13b. MOTHER'S MAIDEN NAME Sarah P. Hardcastle		14. NAME OF HUSBAND OR WIFE Sidney C. Holman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO none		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Sidney C. Holman		ADDRESS 818 Audubon	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) generalized metastatic carcinoma				2/23/56	
		ANTECEDENT CAUSES DUE TO (b) adenocarcinoma of rectum				4/ /53	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		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 4/29/53		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of rectum				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) m. _____		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 4/8/ 1953, to June 2, 1956, that I last saw the deceased alive on June 2, 1956, and that death occurred at 3:35 p. m., from the causes and on the date stated above.							
23a. SIGNATURE G.L. Krause (Degree or title) M.D.				23b. ADDRESS 3720 Washington, St. L. (8)		23c. DATE SIGNED 6/4/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6 / 5 / 56	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. JUN 4 1956		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons 7233 Delmar Blv'd.			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 18 1958

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 *Arnold W. Schoene*

Licensed Embalmer No. *3867*

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.