

Health, Welfare, Public Service, 300-56, An attempt is being made to determine cause of death due to natural causes, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1956

35809
STATE FILE NUMBER
8844

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		Length of stay in 1b	STREET ADDRESS 507 1/2 5111 Robin Avenue (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) ANNA First Middle Last LECHLEITER			4. DATE OF DEATH Sept. 24 1956 Month Day Year
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1, 1886
9a. 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 country) Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME George Harvath	
14. MOTHER'S MAIDEN NAME Frances Hick		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. none		17. INFORMANT Mr. Jos. Spannlang 5111 Robin Ave. Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Obstruction of Small bowel Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Clinical Carcinomatosis, source unknown DUE TO (c) 1999			INTERVAL BETWEEN ONSET AND DEATH 3 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from June 15, 1953 to Sept. 24, 1956 and last saw her ^{him} alive on 9-24-56 Death occurred at 772 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John Stygar (Degree or title) M.D.		22b. ADDRESS 4703 Carter Ave. St. Louis 15	
22c. DATE SIGNED 9-25-56		23. NAME OF CEMETERY OR CREMATORY Calvary	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/27/56	
23c. LOCATION (City, town, or county) (State) St. Louis, Missouri		24. FUNERAL DIRECTOR ADDRESS JOHN STYGAR & SON = 5541 RIVERVIEW BLVD.	
25. DATE RECD. BY LOCAL REG. SEP 26 1956		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
J. M. Rister

Licensed Embalmer No. *39*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.