

FILED APR 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

15397

Registration District No. 318 Primary Registration District No. 1003

Register 3398

S. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Primary cause not determined

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		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1		d. STREET ADDRESS Bondell Hotel	
3. NAME OF DECEASED (Type or print) JOHN USINGER		4. DATE OF DEATH APRIL 5, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-18-1886
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		9b. KIND OF BUSINESS OR INDUSTRY Retired	
10. BIRTHPLACE (City and state or country) St. Louis, Mo.		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Usinger		14. MOTHER'S MAIDEN NAME Catherine Scheag	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If so, or unknown) (If yrs. give war or dates of service) No		16. SOCIAL SECURITY NO. Unk.	
17. INFORMANT Address Jacque Wirth, 4011 Delmar, St. Louis		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cholemia DUE TO (b) Carcinomatosis DUE TO (c) Mucinous Adenocarcinoma 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 checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
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.) 199.9	
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 Mar. 15-1957 to APRIL 5, 1957 and last saw her alive on April 5, 1957 Death occurred at 7:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Glenn Schaefer, M.D.		22b. ADDRESS 1515 FAFAYETTE AVE	
22c. DATE SIGNED 4/8/57		22d. DATE OF DEATH APRIL 5, 1957	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-9-57	
23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cem		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR McLaughlin Funeral Home, Inc.		25. DATE RECD. BY LOCAL REG. APR 9 '57	
26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.		27. ADDRESS 2301 Lafayette, St. Louis, Mo.	

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 *James P. Chapman*
Licensed Embalmer No. *45*
P. O. Address *St. Louis, Mo.*

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.