

FILED JUN 20 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH'57 0 22944  
STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registration No. 5531

Health,  
& Welfare  
Public  
ServiceS. 300  
v. 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

|  |                               |   |  |   |  |   |   |
|--|-------------------------------|---|--|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institutions/Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <input checked="" type="checkbox"/> |  |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>   |                               | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY<br>OR<br>TOWN <b>St. Louis</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>St. Johns Hosp.</b>   |                               |   | Length of stay in lb   |   | d. STREET<br>ADDRESS <b>3818 Parnell Ave.</b>                              |   | (If outside, give location)<br>Reside on Fa<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) <b>Gertrude Tasche</b>  |                               |   |  | First Middle Last<br><b>Tasche</b>  |  | 4. DATE OF DEATH <b>June 11 1957</b><br>Month Day Year                    |   |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>Dec. 15, 1915</b>  |   | 9. AGE (In years last birthday) <b>41</b>                                  | IF UNDER 1 YEAR<br>Months Days Hours Mins.                                | IF UNDER 24 HRS<br>Hours Mins.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |                               |   | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis Mo.</b>         |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |
| 13. FATHER'S NAME<br><b>Joseph Tybura</b>  |                               |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Martha Tarlace</b>   |  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                               |   | 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT<br><b>Carl Tasche 3818 Parnell</b>                           |   | Address   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinoma of right breast with generalized metastases</b>  |                               |   |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 1/2 years</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____  |                               |   |  |   |  |   |   |
| } DUE TO (c) _____   |                               |   |  |   |  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><b>170x</b>   |                               |   |  |   |  |   | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>a. m.<br>p. m.   |                               |   |  |   |  |   |   |
| 20d. INJURY OCCURRED<br>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 <b>11-22-54</b> to <b>6-11-57</b> and last saw her <sup>her</sup> <del>him</del> alive on <b>6-11-57</b><br>Death occurred at <b>4:42 P. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated |                               |   |  |   |  |   |   |
| 22a. SIGNATURE<br><i>John J. [Signature]</i> (Degree or title) <b>M.D.</b>   |                               |   |  | 22b. ADDRESS<br><b>4703 Carters Station No.</b>   |  | 22c. DATE SIGNED<br><b>6-13-57</b>  |   |
| 23a. BURIAL CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                               | 23b. DATE<br><b>June 15 1957</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>                                |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis Missouri</b> |   |   |
| 24. FUNERAL DIRECTOR<br><b>Wm. J. Morrell 3710 N. Grand Blvd.</b>  |                               |   | 25. DATE RECD. BY LOCAL REG.<br><b>JUN 13 '57</b>  |   | 25. REGISTRAR'S SIGNATURE<br><i>Carl Smith M.D.</i>                        |   |   |

(Licensed Embalmer's Statement on Reverse Side)

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 *Elmo R. Padwell* .....

Licensed Embalmer No. *407*

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.