

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27073

STATE FILE NUMBER

FILED JUL 17 1957

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1620

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lemay 4870
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lemay Nursing Home 120 1/2 Telegraph Rd.		Length of stay in 1b 2 Wks	d. STREET ADDRESS (If outside, give location) 316 Horn ave.
3. NAME OF DECEASED (Type or print) First Emma Middle -- Last Popovitch			4. DATE OF DEATH Month June Day 24 Year 1957
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 September 2, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -- At home	9. AGE (In years last birthday) 76
11. BIRTHPLACE (City and state or country) Austria (Germany)		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Frank Pimper L		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-05-9241 D	
17. INFORMANT Wm. Popovitch			Address 344 Rauhut ave. Lemay, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) carcinoma of the lung with metastasis to both femur and back.			INTERVAL BETWEEN ONSET AND DEATH 6 mos.
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)			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 _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____			
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 Feb 57 to death and last saw her ^{him} alive on June 24 57 Death occurred at 4 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John G. Keellett MD			22b. ADDRESS 2314 Telegraph
22c. DATE SIGNED 6/25/57			
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	June 27, 1957	Mount Hope Cemetery	1215 Lemay Ferry Rd. Lemay, Mo.
24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries		25. DATE RECD. BY LOCAL REG. 6-26-57	26. REGISTRAR'S SIGNATURE Herbert B. Donk MD
ADDRESS 7814 S. Broadway			

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service
 100-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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
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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 *Bill C. Branson*

Licensed Embalmer No. *47*

P. O. Address *St. Louis*

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