

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30376
STATE FILE NUMBER

FILED SEP 4 1957

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2018

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|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Richmond Hts. 44850 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1027 Kuhlman La. | | Length of stay in lb 2 Weeks | d. STREET ADDRESS (If outside, give location) 1716 Bellevue |
| 3. NAME OF DECEASED (Type or print) First ELIZABETH Middle E. Last LANDY | | | 4. DATE OF DEATH Month Aug. Day 14 Year 1957 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH Jan. 10, 1905 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer-U. S. | | 9b. KIND OF BUSINESS OR INDUSTRY Post Office | 9c. AGE (In years last birthday) 52 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer-U. S. | | 10b. KIND OF BUSINESS OR INDUSTRY Post Office | 10c. BIRTHPLACE (City and state or country) St. Louis, Mo. |
| 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Frank Signaigo | | 14. MOTHER'S MAIDEN NAME Minnie Wirth | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No | | 16. SOCIAL SECURITY NO. 494-07-9581 | 17. INFORMANT Address Georgia Scheppner 1027 Kuhlman La. |
| 18. CAUSE OF DEATH [Enter only one cause pertaining for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leukemia, Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Complications of the infection with DUE TO (c) generalized metastases 154X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | INTERVAL BETWEEN ONSET AND DEATH April - 1957 Aug 1957 |
| 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 2:00 A. Month, Day, Year | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. CITY, TOWN, OR LOCATION | | 20f. STATE | |
| 21. I attended the deceased from April 1957 to Aug 1957 and last saw her ^{him} alive on Aug 13 57 Death occurred at 2:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Louis E. Jurel, M.D. (Degree or title) | | 22b. ADDRESS 689 E. Big Bend Blvd | 22c. DATE SIGNED 8-14-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Aug. 16, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway | | 25. DATE RECD. BY LOCAL REG. 8-14-57 | 26. REGISTRAR'S SIGNATURE Herbert P. Donohue MD |

(Licensed Embalmer's Statement on Reverse Side)

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

MEDICAL CERTIFICATION

acc

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *William B. White*.....

Licensed Embalmer No. *4208*

P. O. Address *4208*

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.