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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007213

STATE FILE NUMBER

FILED FEB 18 1958

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. 1302

1. PLACE OF DEATH a. COUNTY _____			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 St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital		Length of stay in lb _____	d. STREET ADDRESS 7376 Pershing Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ESTHER S FLOERCHINGER			4. DATE OF DEATH Month Day Year Feb. 1st 1958		
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 Aug. 28, 1916	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) St. Louis Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Oscar A. Shubert		13b. MOTHER'S MAIDEN NAME Beulah Poe		14. NAME OF HUSBAND OR WIFE Laurence L. Floerchinger	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) no none		16. SOCIAL SECURITY NO. _____	17. INFORMANT Address Laurence L. Floerchinger 7376 Pershing		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of breast, Metastatic to Liver, Abdomen</i>					INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<i>170x</i>
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"/>
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 <i>January, 1958</i> , to <i>Feb. 1, 1958</i> and last saw her alive on <i>Feb. 1, 1958</i> Death occurred at <i>1:35 PM, February 1, 1958</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>David W. Kerr, M.D.</i> (Degree or title)			22b. ADDRESS <i>950 Francis Pl., Clayton, Mo.</i>		22c. DATE SIGNED <i>2/2/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Feb 4, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Laurel Hill Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis County Missouri.</i>
24. FUNERAL DIRECTOR <i>C.R. Lupton and Sons 7233 Delmar</i>			25. DATE RECD. BY LOCAL REG. <i>FEB 4 '58</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>	

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 *Clarence H. Murray*

Licensed Embalmer No. *4011*

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.