

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015745  
State File No.

3853  
Registrar's No.

No. 300  
10.48

FILED APR 28 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS, MISSOURI</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Webster Grover</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>501 N. Elm St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPHINE</u> b. (Middle) <u>MARIE</u> c. (Last) <u>ELAZER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 4, 1958</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>3-8-1893</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 14 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Church Presbyterian</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>		

13a. FATHER'S NAME <u>Frank Rusan</u>		13b. MOTHER'S MAIDEN NAME <u>Unk</u>		14. NAME OF HUSBAND OR WIFE <u>Deased</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>499-34-1520</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Claude B. Elazer 1242 N.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of ovaries</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) <u>17510</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 mos.</u>
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19a. DATE OF OPERATION <u>July 1917</u>		19b. MAJOR FINDINGS OF OPERATION <u>ovarian carcinoma, bilateral? metastases to peritoneum and liver</u>		20. AUTOPSY? <u>Yes</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from APRIL 1, 1958, to APRIL 4, 1958, that I last saw the deceased alive on APRIL 4, 1958, and that death occurred at 3:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John B. Hobbs M.D.</u> (Degree or title)		23b. ADDRESS <u>6308. Kingshighway</u>		23c. DATE SIGNED <u>4/4/58</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-8-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>APR 7 '58</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Lewis Funeral</u>		ADDRESS <u>2222</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *James A. Carter*.....

Licensed Embalmer No. *46*.....

P. O. Address .....

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.