

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015787
State File No.

FILED APR 23 1958

318

1003

3820
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3820		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____				
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION No. Pac. Hosp.				STREET ADDRESS (If rural, give location) 4471 Ellenwood				
3. NAME OF DECEASED (Type or Print) a. (First) DOROTHY b. (Middle) CAROLINE c. (Last) FLORIAN			4. DATE OF DEATH (Month) (Day) (Year) 4-3-58					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH 5-7-11		
9. AGE (In years last birthday) 46		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK		11. BIRTHPLACE (City and State or Foreign Country) ST. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John P. Klein			13b. MOTHER'S MAIDEN NAME Alice Spotts			14. NAME OF HUSBAND OR WIFE Charles A. Florian		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give year or date of service) NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHARLES A. FLORIAN 4471 ELLENWOOD				
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Metastatic Carcinoma. to bones, lungs, abd. ANTECEDENT CAUSES Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Breast, Ca, operated. 1953. DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 170x				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
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 3. 21, 1958 , to 4. 3, 1958 , that I last saw the deceased alive at 4. 3, 1958 , and that death occurred at 1:15 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Charles Krowe, M.D.				23b. ADDRESS 1755 S. Grand		23c. DATE SIGNED 4-4-58		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 4-7-58		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, Mo.		
DATE REC'D BY LOCAL REG. APR 5 58		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KRECHHAUSER 4228 S. Kingshighway				

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 *Edwin A. McArthur*

Licensed Embalmer No. *302*

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.