

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

58-019850

STATE FILE NUMBER

4905

FILED MAY 16 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>6408^a Michigan</i>			Length of stay in lb <i>58 yrs.</i>		STREET ADDRESS (If outside, give location) <i>6408^a Michigan</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Lillian C.</i> Middle <i>C.</i> Last <i>Kelly</i>				4. DATE OF DEATH Month <i>May</i> Day <i>6</i> Year <i>1958</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Feb. 20 1900</i>		9. AGE (In years last birthday) <i>58</i>	UNDER 1 YEAR Months <i>5</i> Days <i>8</i> Hours <i>15</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>		11. BIRTHPLACE (City and state or country) <i>St. Louis Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Leo Oberenz</i>				14. MOTHER'S MAIDEN NAME <i>Louise Dunham</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give year or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>489-14-3674</i>		17. INFORMANT <i>Leo Kelly 6408^a Michigan</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>GENERALIZED carcinomatosis</u> Interval between onset and death <u>13 mo</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CARCINOMA OF VAGINAL LABIA</u> Interval between onset and death <u>13 mo</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <u>PARALYSIS AGITANS</u> <u>1760</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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. _____							
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 <u>6-7-43</u> , to <u>5-6-58</u> and last saw ^{her} / _{him} alive on <u>5-5-58</u> Death occurred at <u>2:00 AM</u> <u>A</u> . m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>May Stankoff, M.D.</i> (Degree or title)				22b. ADDRESS <i>512 Dowd Place</i>		22c. DATE SIGNED <i>5/7/58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>5/9/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Resurrection</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>		
24. FUNERAL DIRECTOR <i>Jos. P. Fendler & Son</i> ADDRESS <i>7178 Michigan</i>				25. DATE RECD. BY LOCAL REG. <i>MAY 8 '58</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> <i>G.P.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

100-56

Health, Welfare, Public Service

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 Rocho*.....

Licensed Embalmer No. *309*.....

P. O. Address *7128 Mil*.....

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.