

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023867
State No.

6375
Registrar's No.

FILED JUL 1 1958

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6375

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>MADISON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>3 WEEKS</u>	c. CITY OR TOWN <u>8120</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>23 ST. JOHNS</u>			e. STREET ADDRESS (If rural, give location) <u>32 BOX 231 COLLINSVILLE</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELEANOR</u>		b. (Middle) <u>J.</u>	c. (Last) <u>WERSCHING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 23 1958</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 2 1917</u>	9. AGE (In years last birthday) Months Days <u>40</u>	10. IF UNDER 1 YEAR OF HOURS & MINS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>EDWIN ASCHOFF</u>		13b. MOTHER'S MAIDEN NAME <u>ELEANOR HESS</u>	14. NAME OF HUSBAND OR WIFE <u>MATHIAS WERSCHING</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mathias Wersching</u>	ADDRESS <u>Box 231 COLLINSVILLE, ILL.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u>					<u>7 days</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (b) <u>Postoperative state following removal of duodenum + head of pancreas</u>		<u>7 days</u>
			DUE TO (c) <u>Adenocarcinoma of body of pancreas</u>		<u>1 mo.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>155-1</u>		
19a. DATE OF OPERATION <u>6-16-58</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma body of pancreas</u>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input 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) (Min.)	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 <u>6-16</u> , 19 <u>58</u> , to <u>6-23</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>6-23</u> , 19 <u>58</u> , and that death occurred at <u>11:00 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>H.L. Tomlinson M.D.</u>			23b. ADDRESS <u>508 N. Grand</u>		23c. DATE SIGNED <u>6-24-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>JUNE 27 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET HILL CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>EDWARDSVILLE, ILLINOIS</u>		
DATE REC'D BY LOCAL REG. <u>JUN 24 '58</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jewel S. Edwards Troy, Illinois</u>		

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 *Jewel S. Edwards*.....

Licensed Embalmer No. *3548*.....

P. O. Address *Jay, Ill.*.....

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.