

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045891  
STATE FILE NUMBER  
12163

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12163

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Affton 4820
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 27 Seibert 4954

3. NAME OF DECEASED (Type or print) First Middle Last Elsie L. Karasek			4. DATE OF DEATH Month Day Year Dec. 13, 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 Feb. 2, 1901	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 57	11. BIRTHPLACE (City and state or country) St. Louis, Missouri

13a. FATHER'S NAME Albert Irion		13b. MOTHER'S MAIDEN NAME Minnie Meyer		14. NAME OF HUSBAND OR WIFE Martin Karasek	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Martin Karasek Address 4954 Seibert, Affton	

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>Generalized Metastatic Adenocarcinoma</i>			INTERVAL BETWEEN ONSET AND DEATH 1 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Primary Adenocarcinoma of Rect. Sigmoid.</i>		
	DUE TO (c) <i>154X</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Terminal Hemorrhage from lower bowel</i>			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>1/9/59</i> to <i>12/13/58</i> and last saw her alive on <i>12/13/58</i> Death occurred at <i>9:15</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Charles Obermeyer M.D.</i>			22b. ADDRESS <i>4401 Hampton</i>		22c. DATE SIGNED <i>12/15/58</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 17, 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.
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24. FUNERAL DIRECTOR Schumacher's 3013 Meramec St.		25. DATE RECD. BY LOCAL REG. DEC 17 58	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>	
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

*Charnique - Chas. A*  
*4401 Hampton*

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 *Jack Hays* .....  
Licensed Embalmer No. *4746* .....  
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.