

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030411

FILED VS SEP 4 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 7765** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 25 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarinate Word Hosp.		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5132 a Shaw Blvd.	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Florence Elizabeth Geluck			4. DATE OF DEATH Month Day Year 8/20/59		
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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 11/22/14	9. AGE (last birthday) 44 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Binder	10b. KIND OF BUSINESS OR INDUSTRY Printing Ind.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Reimler	13b. MOTHER'S MAIDEN NAME Stella	14. NAME OF HUSBAND OR WIFE Elmer L. Geluck
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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) No	16. SOCIAL SECURITY NO. 490-03-1898	17. INFORMANT Elmer L. Geluck	Address 5132 a Shaw Blvd. 10
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Carcinoma metastasis to		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Left Lung - Pleural effusion about 4 months	
DUE TO (c) Carcinoma - Ovary metastasis Left breast 8-2-58		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from 7-15-46 to 8-20-59 and last saw her/him alive on 8-20-59
Death occurred at 10:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John + Flynn BMD</i>	(Degree or title)	22b. ADDRESS <i>1715 So 39th St. Fairview</i>	22c. DATE SIGNED <i>8-21-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/24/59	23c. NAME OF CEMETERY OR CREMATORY National	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
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24. FUNERAL DIRECTOR E.J. Schnur	ADDRESS 3125 Lafayette Ave.	25. DATE RECD. BY LOCAL REG. AUG 21 '59	26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i> S.P.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Joseph B. Hollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lufkin

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.