

Registration District No. 784

Primary Registration District No. 101

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

96
2
3

96
3

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
#4 Southmoor Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

(d) Street No. #4 Southmoor Drive
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elsie Kessler Ghio

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10th.,
year 1941 hour 11 minutes 50 P. M.

21. I hereby certify that I attended the deceased from 17/18/40
..... 1941 to 11/10 1941
that I last saw her alive on 11/10 1941
and that death occurred on the date and hour stated above.

4. Sex 1 F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife John B. Ghio 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 23rd, 1892
(Month) (Day) (Year)

Immediate cause of death.....
General Carcinomatosis

Due to Carcinoma of left ovary ?

Due to.....
Uterine

Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

49	6	17	hr. min.
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9. Birthplace St. Louis Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name Jule Kessler

13. Birthplace France 5
(City, town, or county) (State or foreign country)

14. Maiden name Adaline Pohlman

15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

Major findings:
Of operations Operated February 1941
St. Mary's Hospital - Generalized
Of autopsy Carcinomatosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. John B. Ghio

(b) Address #4 Southmoor Drive

17. (a) Burial (b) Date thereof 11-13-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur Donnelly
3840 Lindell Blyd.

(b) NOV 12 1941

19. (a) NOV 12 1941 (b) C. J. Mc...
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work?..... (a) Means of injury.....

23. Signature Thomas C. Prudice (M. D. or other)
Address 4660 Maryland Date signed 11/11/41

707

3-5-45

APR 9 1945

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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 this body is not embalmed, fact should be so stated above.