

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21893
State File No. 3116

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) W.R. NEAR MAXVILLE MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION: LUTHERAN HOSPITAL			

3. NAME OF DECEASED a. (First) CHRISTINE		b. (Middle) WOLFANGEL		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) JUNE 13 1949			
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5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3-20-1892	9. AGE (In years last birthday) 57	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Near - Maxville, Mo	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME John J. Everbeck	13b. MOTHER'S MAIDEN NAME Christina Hazeman	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Geo. Wolfangel - Arnold	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stomach Carcinoma with		
	ANTECEDENT CAUSES General Carcinomatous Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION May 6, 1949	19b. MAJOR FINDINGS OF OPERATION Cancer of Stomach with Metastases	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Holt Jefferson Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 157X
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22. I hereby certify that I attended the deceased from **May 3, 1949**, to **June 13, 1949**, that I last saw the deceased alive on **June 12, 1949**, and that death occurred at **2:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Morris Herman MD (Degree or title)	23b. ADDRESS 3701 Grand Square St Louis	23c. DATE SIGNED June 13, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE JUN 13 1949	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Kimmswick Mo
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DATE REC'D BY LOCAL REG. JUN 13 1949	REGISTRAR'S SIGNATURE J. B. Lavater	25. FUNERAL DIRECTOR'S SIGNATURE HELGITZ FUNERAL HOME	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 29 1956

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.

Signed _____

Arthur Heikington

Signed _____

Student Embalmer

Licensed Embalmer No. 3872

P. O. Address _____

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.