

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27129

3513

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.					
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).							
a. COUNTY Jackson				a. STATE Illinois							
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City Mo				b. COUNTY Peoria							
c. LENGTH OF STAY (In this place) 1 Week				c. CITY (If outside corporate limits, write RURAL and give township) Monica Illinois							
d. FULL NAME OF HOSPITAL OR INSTITUTION: 7600 Pennsylvania				d. STREET ADDRESS (If rural, give location) Rural Route 8120							
3. NAME OF DECEASED (Type or Print)			a. (First) Mrs. Matilda		b. (Middle) Perdelwitz		c. (Last)				
4. DATE OF DEATH			(Month) 8		(Day) - 14		(Year) 1951				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 16 1899		9. AGE (In years last birthday) 52			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Retired Sniffy's Tavern		11. BIRTHPLACE (State or foreign country) Princeville Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME George Wirth			13b. MOTHER'S MAIDEN NAME Anna Kreiter			14. NAME OF HUSBAND OR WIFE Fred Perdelwitz					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 320-24-0365			17. INFORMANT'S SIGNATURE OR NAME Robert Perdelwitz			ADDRESS Princeville Ill.		
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) Generalized carcinoma				ANTECEDENT CAUSES				157X			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of body of P. was							
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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) m.			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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE Geo. C. Kealhofer (Degree or title)						23b. ADDRESS 4050 Broadway St. Peoria			23c. DATE SIGNED 8-15-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE 8-16-1951			24c. NAME OF CEMETERY OR CREMATORY Streitmatter Cemetery			24d. LOCATION (City, town, or county) (State) Princeville Illinois		
DATE REC'D BY LOCAL REG 8-16-51			REGISTRAR'S SIGNATURE Geraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS France-Wornall Funeral Home					

(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed *Russell N. Fran*

Licensed Embalmer No. *4255*

P. O. Address. *K. C. M*

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.