

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43418**

FILED JAN 10 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11384**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY 2159	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY'S Hosp.		d. STREET ADDRESS (If rural, give location) 15 4749 Nebraska Ave!	
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) _____ c. (Last) WARTTIG		4. DATE OF DEATH (Month) (Day) (Year) Dec. 21, 1951	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Nov. 26, 1884	
9. AGE (In years last birthday) 67 If under 1 year: Months _____ Days _____ If under 6 mos. Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) Illinois	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Aderholt		13b. MOTHER'S MAIDEN NAME Mary Hookenhous	
14. NAME OF HUSBAND OR WIFE Henry WARTTIG		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. No		17. INFORMANT'S SIGNATURE OR NAME Henry WARTTIG ADDRESS 4749 Nebraska	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma ANTECEDENT CAUSES Morbid 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		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 162X			
22. I hereby certify that I attended the deceased from 6-1 1951, to 12-21 1951, that I last saw the deceased alive on 12-21 1951, and that death occurred at 5:29 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Eugene H. Edelle M.D.		23b. ADDRESS 4971 Chippewa St.	
23c. DATE SIGNED 12-22-51			
24a. BURIAL (CREMATION, REMOVAL) (Specify) BURIAL		24b. DATE 12-24-51	
24c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard		24d. LOCATION (City, town, or county) (State) ST. Louis, County	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 24 1951		25. FUNERAL DIRECTOR'S SIGNATURE Will Bros. L. & H. Co ADDRESS 2929 S. Jefferson	

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 *H. M. Davis*

Licensed Embalmer No. *3741*

P. O. Address *2929 So. Jefferson Ave*

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.