

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9979**
Registrar's No. **2975**

FILED APR 12 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2169	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3884 Utah Pl.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3884 Utah Pl.			
3. NAME OF DECEASED (Type or Print) a. (First) Elsie		b. (Middle) Bertha	
		c. (Last) Georges	
4. DATE OF DEATH (Month) (Day) (Year) Mar. 28 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 19 1900
9. AGE (In years last birthday) 51		10. MONTHS 4	11. DAYS 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Bond Stores	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Wm. Matz		13b. MOTHER'S MAIDEN NAME Not Known	
14. NAME OF HUSBAND OR WIFE Henry Georges			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 4492-09-1691	
17. INFORMANT'S SIGNATURE OR NAME Henry Georges		ADDRESS 3884 Utha Pl	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma, uterus 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 June 1951		19b. MAJOR FINDINGS OF OPERATION Carcinoma uterus	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		174X	
22. I hereby certify that I attended the deceased from Jan , 19 52 , to 3-28 , 19 52 , that I last saw the deceased alive on 3-27 , 19 52 , and that death occurred at 4:30am. , from the causes and on the date stated above.			
23a. SIGNATURE Joseph C. Carney MD		23b. ADDRESS 906 Olive St	
23c. DATE SIGNED 3-29-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-31-52	
24c. NAME OF CEMETERY OR CREMATORY St. Paul Church Yard		24d. LOCATION (City, town, or county) (State) St. Louis Co., MO.	
DATE REC'D BY LOCAL RES. MAR 31 1952		REGISTRAR'S SIGNATURE J. C. Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE Wm. chumacher		ADDRESS 3013 Meramec	

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Jack Haupt*
Licensed Embalmer No. *4246*

P. O. Address *St. Louis Mo*

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.