

FILED NOV 13 1952

STANDARD CERTIFICATE OF DEATH

State File No. 36823

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9784

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION 3627 A. Wilmington Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri
 b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
 d. STREET ADDRESS (If rural, give location) 3627 A. Wilmington Ave

3. NAME OF DECEASED
 a. (First) Tillie b. (Middle) _____ c. (Last) Schrepfer
 4. DATE OF DEATH (Month) (Day) (Year) 10-22-1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 10-30-1891 9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____

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) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Seibert 13b. MOTHER'S MAIDEN NAME Christina Fink 14. NAME OF HUSBAND OR WIFE Edwin G. Schrepfer

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. None 17. INFORMANT'S SIGNATURE OR NAME Edwin G. Schrepfer ADDRESS 3637 A. Wilmington Av

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.
 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 of colon (rt.)
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH 2 mos
18 mos.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION Large fungating carcinoma Coecum Sept. 1951 - Resected 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 153x

22. I hereby certify that I attended the deceased from 9/7, 1951, to 10/22, 1952, that I last saw the deceased alive on 10/13, 1952, and that death occurred at 9:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE John V. King M.D. (Degree or title) 23b. ADDRESS 689 E. Big Bend Webster Bros. 23c. DATE SIGNED 10/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 10-25-1952 24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery 24d. LOCATION (City, town, or county) (State) Mason Road St. L. Co Mo

DATE REC'D BY LOCAL REG. OCT 24 1952 REGISTRAR'S SIGNATURE J. Carl Smith M.D. Ziegler Bros 25. FUNERAL DIRECTOR'S SIGNATURE Ziegler Bros ADDRESS 6409 Gravois Ave

(Licensed Embalmer's Statement on Reverse Side)

Dr. John V. King RE 0147
671 E. Big Bend Rd.
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 Wm M. Simpson

Licensed Embalmer No. 4343

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.