

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3473

State File No.

FILED JAN 26 1954

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>531</u>		Registrar's No. <u>86</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> 4006				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN/UNIVERSITY CITY</u>			c. LENGTH OF STAY (in this place) <u>2 wks</u>	c. CITY OR TOWN <u>Chicago</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>810 No. MCKNIGHT ROAD</u>				e. STREET ADDRESS (If rural, give location) <u>7147 Constance</u> 8120g			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>PEARL</u>	b. (Middle) <u>V</u>	c. (Last) <u>ERICHSEN.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 10, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>AUG. 11, 1891</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Fort Madison, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Volkamer.</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Sparks.</u>		14. NAME OF HUSBAND OR WIFE <u>James Erichsen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Erichsen-7147 Constance, Chicago, Ill.</u>			
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) <u>Carcinomatous</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ca of Rt Breast</u> 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 <u>1 1/2 yr</u> <u>10 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170x				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) (Min.)		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 <u>Nov 7, 1953</u> , to <u>Jan 10, 1954</u> , that I last saw the deceased alive on <u>Jan 9, 1954</u> , and that death occurred at <u>1:00P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wayne O. Gorka md</u>				23b. ADDRESS <u>2739 No Grand</u>		23c. DATE SIGNED <u>1-11-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-11-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Woods Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chicago, Illinois</u>		
DATE REC'D. BY LOCAL REG. <u>1/11/54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons. 7233 Delmar Blvd.</u>			

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.....
Signature of Student Embalmer

Signed *Clarence H. Murr*.....

Licensed Embalmer No. *401*

P. O. Address *H. Lewis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.