

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10384**
Registrar's No. **2403**

BIRTH NO. **FILED MAR 19 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 2109	
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 0	
c. LENGTH OF STAY (In this place) 5 weeks		d. STREET ADDRESS (If rural, give location) 4003 Lexington Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Baptist Hospital		10. DATE OF DEATH (Month) (Day) (Year) March 14 1954	
3. NAME OF DECEASED a. (First) Elizabeth (Type or Print)		b. (Middle) Rohde	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1882 January 4 1882
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME August Doelling		13b. MOTHER'S MAIDEN NAME Mathilda Goegele	
14. NAME OF HUSBAND OR WIFE Leta Dr Henry Rohde		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. 493-09-6646		17. INFORMANT'S SIGNATURE OR NAME Fred A. Doelling	
18. ADDRESS Webster Groves Mo		19. ADDRESS 1132 Pine Tree Lane	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Papillary cystadenocarcinoma left ovary with metastasis. ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION 2/12/54		19b. MAJOR FINDINGS OF OPERATION Papillary cystadenocarcinoma of left ovary with metastasis	
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? 175X		22. I hereby certify that I attended the deceased from 2/6/54 , 19___, to 2/13/54 , 19___, that I last saw the deceased alive on 2/13/54 , 19___, and that death occurred at 6 A m., from the causes and on the date stated above.	
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS 812 Olive, St. Louis, Mo.	
23c. DATE SIGNED 3/15/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE March 17 1954		24c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis MO		25. FUNERAL DIRECTOR'S SIGNATURE Calvin FeFutz	
25. ADDRESS 4828 Nat Bridge Blvd		DATE REC'D BY LOCAL REG. MAR 16 1954	
REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. ADDRESS 4828 Nat Bridge Blvd	

11:30 P.M. To 4:30 P.M.
CH 9281

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 Ralph C. Linders

Licensed Embalmer No. 4275

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.