

STANDARD CERTIFICATE OF DEATH

State File No. 32408

FILED SEP 28 1954

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 341		Registrar's No. 2224	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Clayton Mo.		c. LENGTH OF STAY (in this place) 4 Days		c. CITY OR TOWN St. Louis		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 St. Louis Co. Hosp.				STREET ADDRESS (If rural, give location) 1455 Cockrill			
3. NAME OF DECEASED (Type or Print) ELIZABETH		a. (First)		b. (Middle)		c. (Last) EYSTER	
4. DATE OF DEATH Sept 20 1954		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 1/5/1885		9. AGE (in years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Horning		13b. MOTHER'S MAIDEN NAME Mary Lechtrect		14. NAME OF HUSBAND OR WIFE Vernett Eyster Dec.			
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. ***** 497-09-1197		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Henry Nix 4619 Shirley 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon - widespread metastasis INTERVAL BETWEEN ONSET AND DEATH ?			
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. Hypertensins and Arteriosclerotic Heart Disease			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 153X 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?			
22. I hereby certify that I attended the deceased from 9-16- , 1954, to 9-20- , 1954, that I last saw the deceased alive on 9-20- , 1954, and that death occurred at 2:10 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Cooper L Ray				23b. ADDRESS M.D. 601 S. Brentwood Clayton Mo.		23c. DATE SIGNED 9/21/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 23/54		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. 9/21/54		REGISTRAR'S SIGNATURE Herbert B. Romberg		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiament			

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.....
Alfred J. Boedecker

Licensed Embalmer No. *266*

P. O. Address *11257rdia*

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.