

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41837

FILED DEC 28 1955

State File No. 10692
Registrar's No. 10692

BIRTH NO. _____ 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).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		a. STATE Mo.	b. COUNTY St. Louis
c. LENGTH OF STAY (in this place) 6 DAYS		c. CITY OR TOWN University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hos p.		e. STREET ADDRESS (If rural, give location) 7332 Stanford	

3. NAME OF DECEASED (Type or Print)	a. (First) ELSA	b. (Middle) R.	c. (Last) BLOCK	4. DATE OF DEATH (Month) (Day) (Year) Dec. 5, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Marr.	8. DATE OF BIRTH Mar. 16, 1911	9. AGE (in years last birthday) 44	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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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 (City and State or Foreign Country) Germany	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Arthur Grab	13b. MOTHER'S MAIDEN NAME Louise Laupheimer	14. NAME OF HUSBAND OR WIFE Philip
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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 ADDRESS Mr. P. Block 7332 Stanford
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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		INTERVAL BETWEEN ONSET AND DEATH 8 years.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis Primary		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Breast - 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	19b. MAJOR FINDINGS OF OPERATION 170x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June, 1953, to Dec. 5, 1955, that I last saw the deceased alive on Dec. 5, 1955, and that death occurred at 9:35A m., from the causes and on the date stated above.

23a. SIGNATURE Herman M. Meyer M.D.	23b. ADDRESS 4409 West Puie	23c. DATE SIGNED 12/3/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	24b. DATE 12/7/55	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive	24d. LOCATION (City, town, or county) (State) University City, Mo.
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DATE REC'D BY LOCAL REG. BEC 6 1955	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Lawrence J. DeWitt*

Licensed Embalmer No. 398

P. O. Address.....

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.