

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2977

FILED JAN 17 1956

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State File No. \_\_\_\_\_  
Registrar's No. 177

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____		
b. CITY OR TOWN <u>Desloge Hospital</u>		c. LENGTH OF STAY (in this place) <u>3 wks</u>		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Desloge Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>23 2134 Allen</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Johanna</u> b. (Middle) _____ c. (Last) <u>Roth</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1/4/56</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>12/1896</u>	9. AGE (In years last birthday) <u>59</u>	10. UNDER 1 YEAR Days <u>32</u> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>August Gudorp</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Seamer</u>	
14. NAME OF HUSBAND OR WIFE <u>Joseph</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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Joseph Roth</u>		ADDRESS <u>2134 Allen</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary E. dema</u>		INTERVAL BETWEEN ONSET AND DEATH _____			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
DUE TO (b) <u>Endometrial Sarcoma</u>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>Sarcomatous</u>		19a. DATE OF OPERATION _____			
19b. MAJOR FINDINGS OF OPERATION _____		172x		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) <u>St. Louis Mo</u>	
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>12-17</u> , 19 <u>55</u> , to <u>1-4</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-3</u> , 19 <u>56</u> , and that death occurred at <u>4:22</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>John E. Egly</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>634 N. Grand St. Louis 3, Mo.</u>	
23c. DATE SIGNED <u>1-5-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/7/56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter &amp; Paul</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 6 1956</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. A. Howard</u>		ADDRESS <u>1619 So. Grand</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 .....  
Student Embalmer

Signed Elmer R. Padwell .....

Licensed Embalmer No. 4077 .....

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.