

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22050
4994

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. CITY OR TOWN <u>Ladue</u> <u>4431</u>	4. 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>St Lukes Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>9625 Ladue Rd.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elvira</u> b. (Middle) <u>S</u> c. (Last) <u>Panthel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 18 1956</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>Jan. 1 1905</u>
9. AGE (In years last birthday) <u>51</u>		10. MONTHS <u></u> DAYS <u></u> HOURS <u></u> MIN. <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Charles Mo,</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Herman Schlenther</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Horst</u>	14. NAME OF HUSBAND OR WIFE <u>Richard Panthel</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 ADDRESS <u>Richard Panthel Ladue Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized carcinoma.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of left Breast.</u> 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 <u>Aug 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of left Breast.</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>5/12</u> , 19 <u>56</u> , to <u>5/18</u> , 19 <u>56</u> ; that I last saw the deceased alive on <u>6/3/P</u> , 19 <u>56</u> , and that death occurred at <u>9:45/P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Glendell F. King M.D.</u>		23b. ADDRESS <u>5535 Delmar St Louis</u>	23c. DATE SIGNED <u>5/23/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>May 22 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Johns Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Charles Mo.</u>
DATE REC'D BY LOCAL REG. <u>MAY 24 1956</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith m.d.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur C. Paul Funeral Home St. Charles Mo.</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.....
Walter C. Jones

Licensed Embalmer No. *31571*

P. O. Address *St. Charles*

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.