

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1956

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32313

STATE FILE NUMBER

7858

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST, LOUIS, MISSOURI</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>ST LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>ST. ANTHONY'S HOSPITAL #1.</i>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <i>2019 6135th MICHIGAN</i>	
3. NAME OF DECEASED (Type or print) First <i>ELIZABETH.</i> Middle <i>OSTOIN</i> Last				4. DATE OF DEATH Month <i>AUGUST</i> Day <i>24,</i> Year <i>1956</i>			
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>JAN 22-1889</i>		9. AGE (In years last birthday) <i>67</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <i>WIDOW</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>AT HOME</i>		11. BIRTHPLACE (City and state or country) <i>AUSTRIA-HUNGARY</i>		12. CITIZEN OF WHAT COUNTRY? <i>U-S-A</i>	
13. FATHER'S NAME <i>JOHN-ESPERCHIDT</i>				14. MOTHER'S MAIDEN NAME <i>CATHERINE MOORE</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO.</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT Address <i>JOSEPH OSTOIN 2927 SIDNEY</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute renal failure</i> DUE TO (b) <i>Necrotizing papillitis</i> DUE TO (c) <i>Diabetes mellitus 260X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Cellulitis rt. leg</i>							INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>8/22/56</i> to <i>8/24/56</i> and last saw her <i>alive on 8/24/56</i> Death occurred at <i>12:25 P.M</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Leroy F. Ortmeyer M.D.</i>				22b. ADDRESS <i>1515 LAFAYETTE AVE.</i>		22c. DATE SIGNED <i>8/24/56.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		23b. DATE <i>AUG 27-1956</i>		23c. NAME OF CEMETERY OR CREMATORY <i>RESURRECTION CEM</i>		23d. LOCATION (City, town, or county) (State) <i>ST LOUIS CO, MO</i>	
24. FUNERAL DIRECTOR <i>Thomas Hatis 2906</i>		ADDRESS <i>Garms</i>		25. DATE RECD. BY LOCAL REG. <i>AUG 25 1956</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>	

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 *Harold E. Dil*.....

Licensed Embalmer No. *43*

P. O. Address *2906*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.