FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3268
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 26

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, give TOWNSHIP only) OR TOWN Lemay — Inside Limits Yes X No ☐	c. CITY OR TOWN Lemay 4870 c — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 829 Regina — Length of stay in 1b 24 years	d. STREET ADDRESS (If outside, give location) 829 Regina — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Mamie, Middle E., Last Eller

4. DATE OF DEATH: Month Jan. 1, Day 1957, Year

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: June 29, 1889

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Neunlist

14. MOTHER'S MAIDEN NAME: Katherine Linder

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: George D. Eller — Address: 829 Regina, Lemay, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gen. Carcinomatosis primary not known — INTERVAL BETWEEN ONSET AND DEATH 6 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diabetes mellitus — 6 yrs
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 1999

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ND ☐ HOMICIDE ☐

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 ND

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 6.10.49, to 1.1.57 and last saw her alive on 1.1.57
Death occurred at 5:20 P.M. m on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): St. St. Tarnall MD

22b. ADDRESS: 9505 Travis

22c. DATE SIGNED: 1.3.57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. , 1957

23c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery

23d. LOCATION (City, town, or county) (State): Lemay, Missouri

24. FUNERAL DIRECTOR — ADDRESS: C. Hoffmeister Mortuaries, 7814 So. Broadway St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.: 1-4-57

26. REGISTRAR'S SIGNATURE: Herbert B. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Louis C. Hoffmee

Licensed Embalmer No. 38..

P. O. Address 7814 S.

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