

FILED FEB 26 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

6155

1485

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY				a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b		d. STREET ADDRESS		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
01 4029a Shreve Ave., 15		30 Years 2 7/8		4029a Shreve Ave., 15			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
First RUTH			Middle C.			Last ELEY	
5. SEX			6. COLOR OR RACE			7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	
Female			White			WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH			9. AGE (In years last birthday)			IF UNDER 1 YEAR Months Days Hours Min.	
Jan. 11th, 1893			64				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
Cashier-Wrapper				Scruggs Vandervoort and Barney Co.		East Prairie, Missouri	
12. CITIZEN OF WHAT COUNTRY?				13. FATHER'S NAME			
USA				James H. Eley			
14. MOTHER'S MAIDEN NAME				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			
Paralee L. Foerster				No None			
16. SOCIAL SECURITY NO.				17. INFORMANT Address			
Unknown				Mrs. Gladys Zweimueller., 4029a Shreve Ave.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized CARCINOMATOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ADENOCARCINOMA OF PANCREAS DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 157X							INTERVAL BETWEEN ONSET AND DEATH 6 months 1 year
19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
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.							
20d. INJURY OCCURRED WHILE AT WORK <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 Jan 21, 1954 to Feb 13, 1957 and last saw her/him alive on Feb 11, 1957 Death occurred at 12:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title)				22b. ADDRESS		22c. DATE SIGNED	
John A. Carner, MD				462 N. TAYLOR, ST. LOUIS, MO		2/13/57	
23a. BURIAL, CREMATION REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Removal		2/16/57		Laurel Hill Memorial Bdns.		St. Louis County, Missouri	
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
CALVIN F. FEUTZ, 4828 Natural Bridge Blvd.				FEB 13 57		Carl Smith MO	
FUNERAL HOME, INC., St. Louis, 15, Mo.							

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard forms. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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56

1:30 Pm to 1:30 Pm
Wednesday eve

File in City

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 *Ralph C. Fincher*

Licensed Embalmer No. 42

P. O. Address *St. Louis*

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.