

FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6698

1462

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 Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DePaul Hospital				e. STREET ADDRESS (If rural, give location) 2109 2919 Greer Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) LILLIAN			b. (Middle) E. TORLOTING			c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) Feb. 11. 1957									
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 23. 1899			
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Housewife			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			
12. CITIZEN OF WHAT COUNTRY USA			13a. FATHER'S NAME Emil Hoewchen		13b. MOTHER'S MAIDEN NAME Sophie Bruening		14. NAME OF HUSBAND OR WIFE Earl A. Torloting		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl A. Torloting 2919 Greer Ave.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of the lung with metastases to rib, both kidneys and spleen ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 163x						INTERVAL BETWEEN ONSET AND DEATH _____ _____ _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 Jan 4, 1954 , to Feb 11, 1957 , that I last saw the deceased alive on Feb 11, 1957 , and that death occurred at 11:42 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Henry C. Westerman M.D.				23b. ADDRESS 2136 East Grand Ave			23c. DATE SIGNED 2-12-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/15/57		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. FEB 13 57		REGISTRAR'S SIGNATURE J. Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stock Mortuary 2117 E. Grand					

S.P. (Licensed Embalmer's Statement on Reverse Side)

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..... *Paul A. Wachtel*

Licensed Embalmer No. *478*

P. O. Address *Haus*

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.