

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12684**

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **132**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. CITY OR TOWN Union	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 day		e. STREET ADDRESS (If rural, give location) Echo Valley Road 0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) EL c. (Last) CHLEPP			4. DATE OF DEATH (Month) (Day) (Year) May 7 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug. 18, 1888	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR: Months 68 Days 24 Hours - Mins. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired painter		10b. KIND OF BUSINESS OR INDUSTRY Painting	11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Gustave Elchlepp		13b. MOTHER'S MAIDEN NAME Emelie Goersch		14. NAME OF HUSBAND OR WIFE Mary	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mary Elchlepp, Echo Val. Rd. Union	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal Carcinomatosis		2 mos
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Stomach		4 mos
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 _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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) Union, MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify, that I attended the deceased from **February 1957** to **7 May, 1957**, that I last saw the deceased alive on **6 May, 1957**, and that death occurred at **5:53 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm Richardson, M.D.	23b. ADDRESS Union, Mo	23c. DATE SIGNED 7 May 57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE MMay 10, 1957	24c. NAME OF CEMETERY OR CREMATORY Trinity Luth Cem
		24d. LOCATION (City, town, or county) (State) LeMay (St. Louis) Mo.

DATE REC'D BY LOCAL REG. 5/7/57	REGISTRAR'S SIGNATURE H. J. Anderson	25. FUNERAL DIRECTOR'S SIGNATURE Henry W. Otto for S.F.H.	ADDRESS Washington
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

99-0

(Licensed Embalmer's Statement on Reverse Side)

B.S.L.

This corpse was removed from St. Francis Hospital to Southern
Funeral Home, 6322 S. Grand Ave, St. Louis, 11, Mo. NOT embalmed.
It is presumed that embalming will be done by their licensed man.

Henry W. Otto Lic. Emb. # 3560 (Mo)

Henry W. Otto

1951 JUN 22 1951

1951 JUN 8 1951

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.....

Licensed Embalmer No.....

P. O. Address.....

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.