

FILED NOV 19 1957

STANDARD CERTIFICATE OF DEATH

416883

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar No. **10798**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY 7			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MO		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN Hosp.			Length of stay in 1b	d. STREET ADDRESS 2477 3331 Missouri			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) AGNES FLBENESIUS			First Middle Last	4. DATE OF DEATH Nov. 10 1957			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH OCT. 24 1882	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min	IF UNDER 1 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JULIUS STEIGERWALD				14. MOTHER'S MAIDEN NAME MARY LAMPHRECHT			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT FRANCIS ALBENESIUS MERAMEC		Address 3970	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of liver.							INTERVAL BETWEEN ONSET AND DEATH 6 weeks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) 156.1
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Stomach cancer from Esophageal Cancer							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 Month, Day, Year 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 Sept 12 57 to November 10th and last saw her ^{alive} on Nov. 10 57 . Death occurred at 12 25 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Julius & Leo Kottler M.D.				22b. ADDRESS 2603 S. Bowler St.		22c. DATE SIGNED 11/11/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Nov. 13 1957	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION Cem.		23d. LOCATION (City, town, or county) (State) ST. LOUIS, MO			
24. FUNERAL DIRECTOR Thomas Kuttie 2906 Gravois		ADDRESS	25. DATE RECD. BY LOCAL REG. NOV. 12 57		26. REGISTRAR'S SIGNATURE Carl Smith MO		

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.....

J Wm Dingley

Licensed Embalmer No. 365

P. O. Address St Louis

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.