Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-018817
STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 136

1. PLACE OF DEATH
a. COUNTY ST. CHARLES
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. CHARLES — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S — Length of stay in Hospital 16 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN FLORISSANT — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 855 BORGIA LANE (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: AUGUSTA Middle: RUTH Last: MARDORF (RODRIGUEZ)

4. DATE OF DEATH Month: JUNE Day: 4 Year: 1959

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

8. DATE OF BIRTH DEC. 25, 1895 9. AGE (In years last birthday) 63 — 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) WAITRESS
10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT
11. BIRTHPLACE (City and state or country) BROOKLYN, N.Y.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME FRANK MARDORF
13b. MOTHER'S MAIDEN NAME AUGUSTA MUELLER
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 051-05-7137
17. INFORMANT FRANK RODRIGUEZ Address FLORISSANT, 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) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 1 MO
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Adenocarcinoma of Large Bowel — 6 MO
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hemorrhage into bowel 1538
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] 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
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 May 12 1959, to June 4 1959 and last saw her/him alive on June 4 1959
Death occurred at 10:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul B. Tatterson (Degree or title) MD
22b. ADDRESS 10300 St Charles Rd
22c. DATE SIGNED June 5 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE JUNE 6, 1959
23c. NAME OF CEMETERY OR CREMATORY CALVARY
23d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.

24. FUNERAL DIRECTOR THE FLORISSANT MORTUARY ADDRESS FLORISSANT, MO.
25. DATE RECD. BY LOCAL REG. JUNE 5 - 59
26. REGISTRAR'S SIGNATURE Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUN 17 1959

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 Gene D. Hutchens

Licensed Embalmer No. 4966

P. O. Address FLORISSANT, Mo

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.