

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019127
STATE FILE NUMBER

FILED JUN 4 1959 Registration District No. Primary Registration District No. Registrar No. 1957

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, give TOWNSHIP only) OR TOWN St. Louis		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 DePaul Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1016 Louisville		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Olga Middle Last Efthim			4. DATE OF DEATH Month May Day 21 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 24, 1897		9. AGE (In years Last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Albania		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME George Peppo		13b. MOTHER'S MAIDEN NAME Katherine Turtulli		14. NAME OF HUSBAND OR WIFE Christ Efthim	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Christ Efthim, 1016 Louisville	
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 uterus with metastases to lungs, brain & liver DUE TO (b) 174x DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
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 <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 August 1958 to 5/21/59 and last saw her alive on 5/21/59 Death occurred at 18:35 am on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert Potashnick M.D. (Degree or title)		22b. ADDRESS 3720 Washington		22c. DATE SIGNED 5/21/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-25-59		23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery	
			23d. LOCATION (City, town, or county) St. Louis, Mo.		
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd. ADDRESS			25. DATE RECD. BY LOCAL REG. MAY 21 '59		26. REGISTRAR'S SIGNATURE Roan Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL diseases in Part I must be causally related.

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 *G. W. Wilkerson*

Licensed Embalmer No. *3575*

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.