MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-030685

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8073

FILED SEP 6 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis, Length of stay in 1b

c. CITY OR TOWN St.Louis, Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Jewish Hosp. Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 6239 Magnolia Ave. Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First VIOLET Middle J. Last DISCHINGER

4. DATE OF DEATH Month Aug. Day 29th, Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 6-27-1915

9. AGE (last birthday) 46 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant

10b. KIND OF BUSINESS OR INDUSTRY Clayton School Dist.

11. BIRTHPLACE (City and state or country) St.Louis,Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Moffat

13b. MOTHER'S MAIDEN NAME Theresa Houston

14. NAME OF HUSBAND OR WIFE Late Carl F.Dischinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. ——

17. INFORMANT Address Margarita Jester-4430 Olive Str.

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 3 month

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Carcinoma of left Breast — 3 yrs

DUE TO (c) 170 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 10-19-36, to 8-29-61 and last saw her ~~him~~ alive on 8-28-61

Death occurred at 7:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Elmer Richman (Degree or title) Elmer Richman M D M.D.

22b. ADDRESS Clayton 950 Frances Place

22c. DATE SIGNED 8-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Aug.31,1961

23c. NAME OF CEMETERY OR CREMATORY Lake Charles

23d. LOCATION (City, town, or county) St.Louis County, (State) Mo.

24. FUNERAL DIRECTOR Kriegshauser-4228 ADDRESS S.Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG. AUG 30 1961

26. REGISTRAR'S SIGNATURE Carl Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED 3-9-

BY AFFIDAVIT OF DOCUMENT

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. 4533

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.