

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

41469

State File No. _____

FILED NOV 25 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2936</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>13 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellston</u>		d. STREET ADDRESS (If rural, give location) <u>6138 Page Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>6138 Page Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) _____		c. (Last) <u>London</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11</u> <u>12</u> <u>53</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Nov 8 1874</u>	
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of lifetime (10a, even if retired) <u>housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Francis co Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Ferd Maxson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown Patterson</u>		14. NAME OF HUSBAND OR WIFE <u>John</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Henry Beckham 6271a St. Louis</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma of Gall B/adder</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>diabetes mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>malnutrition</u> <u>arteriosclerotic cardiovascular disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☒ NO ☐		155X	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-30</u> <u>1953</u> to <u>11-12</u> <u>53</u> , that I last saw the deceased alive on <u>11-12-53</u> , <u>19</u> , and that death occurred at <u>11:30 pm</u> <u>11</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Maxwell S. Nixon, M.D.</u>		(Degree or title)		23b. ADDRESS <u>601 So. Brentwood</u>		23c. DATE SIGNED <u>11-12-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>		24d. LOCATION (City, town, or county) (State) <u>Doe Run Mo.</u>	
DATE RECD BY LOCAL REG. <u>11-13-53</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Domb, M.D.</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Vincent Funeral Home</u>		ADDRESS <u>Felton Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Student Embalmer No.

Signed

Paul A. Wachter

Licensed Embalmer No. *4787*

P. O. Address *St. Louis 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 this body is not embalmed, fact should be so stated above.