

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 6 1951

State File No. 1139

| | | | | | | | | |
|---|--|--|---|--|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsdale | | 461 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Depaul Hospital | | | | d. STREET ADDRESS (If rural, give location) 2136 Cherry St. | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Ethel b. (Middle) Artie c. (Last) Doe | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1951 | | | | | |
| 5. SEX female | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH Jan. 13, 1902 | | |
| 9. AGE (In years last birthday) 49 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 YEAR Hours _____ Min. _____ | | | | |
| 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 (State or foreign country) Bonne Terre, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Benjamin Pigg | | | 13b. MOTHER'S MAIDEN NAME Laura Davis | | 14. NAME OF HUSBAND OR WIFE Otto Doe | | | |
| 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'S SIGNATURE OR NAME ADDRESS Mr. Otto Doe, 2136 Cherry St. Hills | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of uterus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with general debility DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 174X | | | | |
| 22. I hereby certify that I attended the deceased from June , 19 50 , to 2-3- , 19 51 , that I last saw the deceased alive on 2-3- , 19 51 , and that death occurred at 6:25 a.m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE Albert H. Hoppe (Degree or title) _____ | | | | 23b. ADDRESS 7216 National Bldg. | | 23c. DATE SIGNED 2-5-51 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 24b. DATE 2-4-51 | | 24c. NAME OF CEMETERY OR CREMATORY _____ | | 24d. LOCATION (City, town, or county) (State) Bonne Terre, Missouri | | |
| DATE REC'D BY LOCAL REG. FEB 5 1951 | | REGISTRAR'S SIGNATURE A. B. Luster | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington | | | | |

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

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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

Signed John J. Haines

Licensed Embalmer No. 4108

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.