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STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 24 1942

Registration District No. _____ Primary Registration District No. _____

Registrar's No. 727

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri

(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether years, months or days)

In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1310a N. Grand Blvd.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha J. Daniels

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21, year 1942 hour 6:40 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from January 14, 1942 to January 21, 1942 that I last saw h. or alive on January 21, 1942 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 6 1879
(Month) (Day) (Year)

Immediate cause of death Duodenal fistula Duration _____

Due to Carcinoma of bile ducts - extension to duodenum

Due to abdominal wall

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>1</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nurse

11. Industry or business _____

12. Name Dont Know

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Young

(b) Address 1310a N. Grand Blvd.

17. (a) Cremation (b) Date thereof 1 - 24 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) 1942 (b) J. F. Medek
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Carcinoma of bile ducts process by biopsy at Barnes Hosp.

Of operations _____

Of autopsy Not done - not permitted

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature R. P. Harrison, D. (M. D. or other)

Address 1515 Lafayette Avenue Date signed 1/21/42

WRITE PLAINLY - USE 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

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.