

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3026

State File No. 100-
#2

FILED JAN 19 1949

318

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO.		c. LENGTH OF STAY (In this place) 29 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KELL, RURAL, R.R. #1		d. STREET ADDRESS N.R.
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS MATERNITY HOSPITAL			d. STREET ADDRESS N.R.		
3. NAME OF DECEASED (Type or Print) RUBY JANE MERCER a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH JAN. 1, 1949 (Month) (Day) (Year)		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 22, 1910	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR 10 Months 3 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE & CLERK		10b. KIND OF BUSINESS OR INDUSTRY CIVIL SERVICE	11. BIRTHPLACE (State or foreign country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME MATHEW MORTIN		13b. MOTHER'S MAIDEN NAME MABEL PERRIMAN		14. NAME OF HUSBAND OR WIFE WILLIAM LOUIS MERCER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME William Louis Mercer ADDRESS _____		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis secondary to pulmonary metastases - gonococcal carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Ovary carcinoma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1/1/49
19a. DATE OF OPERATION Nov. 7, 1948		19b. MAJOR FINDINGS OF OPERATION Abdominal carcinoma - primary cervical lesion		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) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from Dec 2, 1948 to Jan 1, 1949 , that I last saw the deceased alive on Dec 31, 1948 , and that death occurred at 2:25 p.m. from the causes and on the date stated above.					
23a. SIGNATURE Davis (Degree or title) MO.		23b. ADDRESS SU. WOMAN MO. ST. LOUIS MATERNITY HOSPITAL		23c. DATE SIGNED 1-1-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 1-1-49	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) Centralia, Illinois	
DATE REC'D BY LOCAL JAN 2 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE Herman ... ADDRESS 5916 ...	

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

NOV 30 1949

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5761 E. 101st

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.

Signed

Allen Davison

Signed.....
Student Embalmer

Licensed Embalmer No. *40538*

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 this body is not embalmed, fact should be so stated above.