

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3212

318

1003

439

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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 St. Louis		d. STREET ADDRESS (If rural, give location) 1396 Temple Place		
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				d. STREET ADDRESS (If rural, give location) 1396 Temple Place				
3. NAME OF DECEASED (Type or Print) Hazel			a. (First)		b. (Middle) -		c. (Last) Samples	
4. DATE OF DEATH Jan. 14, 1949		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		
8. DATE OF BIRTH July 9, 1894		9. AGE (In years last birthday) 54		10. UNDER 1 YEAR 6 MONTHS 5 DAYS _____ HOURS _____ MIN.		11. BIRTHPLACE (State or foreign country) Texarkana, Texas		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) Texarkana, Texas		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME George Ridlen		13b. MOTHER'S MAIDEN NAME Margaret Riddle		14. NAME OF HUSBAND OR WIFE Lawrence Samples				
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. 489-07-5892		17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Collier-6993 Robbins 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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Carcinomatosis</p> <p>ANTECEDENT CAUSES (b) (Signifying in left breast)</p> <p>Morbid conditions, if any, giving rise to the above cause (a) during the underlying cause last. _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 50</p>				INTERVAL BETWEEN ONSET AND DEATH about 1 1/2 yrs		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. HOW DID INJURY OCCUR? 1701		
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"/>		22. I hereby certify that I attended the deceased from Oct 1948 , to Jan 14, 1949 , that I last saw the deceased alive on Jan 13, 1949 , and that death occurred at 1 A.M. , from the causes and on the date stated above.						
23a. SIGNATURE Harker (Degree or title) _____				23b. ADDRESS HARRY A. KLEIN, M.D. 5074 N. Union Blvd. St. Louis 15, Mo.		23c. DATE SIGNED 1-15-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/17/49		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. JAN 17 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral - 1905 Union Blvd. ADDRESS _____				

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

Signed Warren A. Carver

Licensed Embalmer No. 3534

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.