

FILED FEB 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. **3504**

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

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>2069</b>		Registrar's No. <b>00125</b>	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>ST. LOUIS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLAYTON</b>		96	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>620 HUDUBON AVE. 3</b>			
3. NAME OF DECEASED (Type or Print) <b>LORETTA SURIAN</b>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>1 22 1949</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JAN. 22 1899</b>	
9. AGE (In years last birthday) <b>56</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS, MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>YES</b>		13a. FATHER'S NAME <b>WILLIAM WILLIAMS</b>		13b. MOTHER'S MAIDEN NAME <b>CATHERINE BUTLER</b>		14. NAME OF HUSBAND OR WIFE <b>ROBERT H. URIAN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robert A. Urian - 620 Hudson Ave</b>			
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) <b>Generalized Carcinomatosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cc. Right Breast</b> DUE TO (c) <b>50</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 mo</b> <b>2 yrs</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>11</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Leo Riley M.D.</b>				23b. ADDRESS <b>8105 Popple Blvd</b>		23c. DATE SIGNED <b>1-23-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1/25/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CLAYTON CEM</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO</b>	
DATE REC'D BY LOCAL REG. <b>1-24-49</b>		REGISTRAR'S SIGNATURE <b>Thud L. Lunge M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. Muller M.D.</b>		ADDRESS <b>2516 S. Delmar</b>	

**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 *A. G. Harris*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *3384*

P. O. Address *St Louis*

**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.