

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17974

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>517</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>1011</u>	
1. PLACE OF DEATH a. CITY <u>St. Louis County,</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>St. Louis,</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 5,</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University city,</u>		3. <u>9/2</u> <u>3</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Res: 6260 Olive St, Road.</u>				d. STREET ADDRESS (If rural, give location) <u>6260 Olive St, Road,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSE.</u> b. (Middle) <u>MAY.</u> c. (Last) <u>HALE.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 22, 1949.</u>				
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	8. DATE OF BIRTH <u>Feb'y 13, 1878.</u>		9. AGE (In years last birthday) <u>71.</u>	# UNDER 1 YEAR <u>2.</u>	# UNDER 10 HRS. <u>9.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Polo, Ray County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Hiram Blevin.</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Hale.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Hale, 6260 Olive St, Road.</u>			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Emaciation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomatosis - Abdominal</u> DUE TO (c) <u>Carcinoma of Rectum</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>46 &amp; 151X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Uncertain</u> <u>Uncertain</u> <u>Over 8 mo.</u>
19a. DATE OF OPERATION <u>not done by me</u>		19b. MAJOR FINDINGS OF OPERATION <u>Inoperable Carcinomatosis originating in Rectum</u>					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 <input type="checkbox"/> 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 <u>20 March, 1949,</u> to <u>22 April, 1949,</u> that I last saw the deceased alive on <u>19 April, 1949,</u> and that death occurred at <u>1:30 p. m.,</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. Ernest Jensen M.D.</u>			23b. ADDRESS <u>1140 Missouri Theatre Bldg.</u>		23c. DATE SIGNED <u>23 April 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		24b. DATE <u>4/25/49.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Cemetery..</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.,</u>		
DATE REC'D BY LOCAL REG. <u>4-25-49</u>		REGISTRAR'S SIGNATURE <u>Thurmond Lupton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton &amp; Sons. #7233 Delmar Blvd.,</u>			

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Dr. J. E. Jensen,  
Mo. Health Bldg.  
J.E. 7467  
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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.

Signed Clarena A. Murray

Signed.....  
Student Embalmer

Licensed Embalmer No. 4011

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.