

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 25691

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

BIRTH NO. _____		REG. DIST. NO. <u>1317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1803</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) Normandy		a. STATE Missouri		b. COUNTY St. Louis	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)		c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6913 Woodrow		d. FULL NAME OF HOSPITAL OR INSTITUTION 6913 Woodrow		d. STREET ADDRESS 6913 Woodrow		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)		a. (First) Jennie		b. (Middle) Main		c. (Last) Main	
4. DATE OF DEATH (Month) (Day) (Year) July 5, 1949		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH August 2, 1907		9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Fred Ackfeld		13b. MOTHER'S MAIDEN NAME Betty Holterman		14. NAME OF HUSBAND OR WIFE Theo. Main	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Theo. Main, 6913 Woodrow			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma tons				INTERVAL BETWEEN ONSET AND DEATH 1947	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Cervix				171X	
		DUE TO (c) Frontal lobotomy, bilateral				Apr. 4, 1949	
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				19c. 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)		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 July 9, 1947 , to July 5, 1949 , that I last saw the deceased alive on July 2, 1949 , and that death occurred at 8:32 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE Ruby David Williams MD				23b. ADDRESS 114 N. Taylor, St. Louis		23c. DATE SIGNED 10 6 July 49	
24a. BURIAL CREMATION, REMOVAL (Specify) burial		24b. DATE 7-9-49		24c. NAME OF CEMETERY OR CREMATORY Freeburg		24d. LOCATION (City, town, or county) (State) Freeburg, Missouri	
DATE REC'D BY LOCAL REG. 7-11-49		REGISTRAR'S SIGNATURE Robert P. [Signature]		FUNDRAISER'S SIGNATURE Douglas [Signature]		ADDRESS Fendler Undtk. Co., 7420 Michigan Ave	

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 *J. E. Morris*

Licensed Embalmer No. 3360

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.