

FILED SEP 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27245

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

BIRTH NO. 124 REG. DIST. NO. 1607 PRIMARY REG. DIST. NO. 3031 Registrar's No. _____

1. PLACE OF DEATH

a. COUNTY Jefferson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto

c. LENGTH OF STAY (If in this place) 13 weeks

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 9

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY St. Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 047
17

d. STREET ADDRESS (If rural, give location) 1408 South 7th 9

3. NAME OF DECEASED

a. (First) Effie b. (Middle) L c. (Last) PARTNEY

4. DATE OF DEATH (Month) (Day) (Year) 8 21 1949

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 1, 10, 1912 9. AGE (In years last birthday) 37 IF UNDER 1 YEAR Months 7 Days 11 IF UNDER 6 HRS. Hours — Mins. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Missey 13b. MOTHER'S MAIDEN NAME Rose Sansoucie 14. NAME OF HUSBAND OR WIFE William Partney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME William Partney ADDRESS 1408 S-7th St. St. Louis, Mo.

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 of Cervix

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (c) _____

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 _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22: I hereby certify that I attended the deceased from 14 May, 1949, to 21 Aug., 1949, that I last saw the deceased alive on 10 Aug., 1949, and that death occurred at 2:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thos. V. Hoffmeyer M.D. 23b. ADDRESS De Soto, Mo. 23c. DATE SIGNED 22 Aug 49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8, 22, 1949 24c. NAME OF CEMETERY, OR CREMATORY St. Joachims Cem. 24d. LOCATION (City, town, or county) (State) Old Mines Mo.

DATE REC'D BY LOCAL REG. 8/26/49 REGISTRAR'S SIGNATURE Marie Charrier FUNERAL DIRECTOR'S SIGNATURE Donnell D. Dretsch ADDRESS 145 De Soto, Missouri

RECEIVED
AUG 31 1949
District Health Officer No. 9,
District File Number

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 _____
Student Embalmer

Signed

Mary M. Smith

Licensed Embalmer No. *4394*

P. O. Address *Potosi, 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.