

FILED AUG 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28768

BIRTH NO. _____ REG. DIST. NO. 1217 PRIMARY REG. DIST. NO. 8068 Registrar's No. 1917

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>7602 Marion Ct.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7602 Marion Ct.</u>			

3. NAME OF DECEASED (Type or Print) <u>DORA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 7, 1949</u>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>
8. DATE OF BIRTH <u>Aug. 6, 1866</u>	9. AGE (In years last birthday) <u>83</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>invalid housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Ind.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13. FATHER'S NAME <u>Charles Yelton</u>
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE (late) <u>Wm. Jennings</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Holloway</u>	ADDRESS <u>7602 Marion Ct. St. Louis, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			15HX
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____ DUE TO (c) _____			
19a. DATE OF OPERATION <u>1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma</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) 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 July 3, 1949, to Aug 7, 1949, that I last saw the deceased alive on Aug 7, 1949, and that death occurred at 9A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Vincent F. Tommasini MD</u> (Degree or title)	23b. ADDRESS <u>3101 Sutton Ave Maplewood Mo</u>	23c. DATE SIGNED <u>8-9-49</u> (State)
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-10-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>
24d. LOCATION (City, town, or county) <u>St. Louis Co., Mo.</u>	24e. FUNERAL DIRECTOR'S SIGNATURE <u>JAY B. SMITH</u>	ADDRESS <u>7450 Manchester Ave. Maplewood 17, Mo.</u>

DATE REC'D BY LOCAL REG. 8-9-49 REGISTRAR'S SIGNATURE Herbert P. ...

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

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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.

Student
Student Embalmer

Signed _____

William S. Baker

Licensed Embalmer No. _____

4699

P. O. Address _____

St. Charles

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.