

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2398**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **712**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If rural, give location) 5318 Cote Brilliante	
3. NAME OF DECEASED (Type or Print) a. (First) Zella b. (Middle) Culver c. (Last) Coudy		4. DATE OF DEATH (Month) (Day) (Year) January 21 1950	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH April 10, 1874
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 9 Days 11	IF UNDER 48 HRS. Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Theo H. Culver	
13b. MOTHER'S MAIDEN NAME Abigail Adams		14. NAME OF HUSBAND OR WIFE Upton S. Coudy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Seward Coudy		ADDRESS 5318 Cote Brilliante	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of small intestines INTERVAL BETWEEN ONSET AND DEATH 5 months ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 Jan 11-50		19b. MAJOR FINDINGS OF OPERATION Carcinoma of small intestines & liver	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 152X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Oct 7 , 19 49 , to Jan 21 , 19 50 , that I last saw the deceased alive on Jan 21 , 19 50 , and that death occurred at 10 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE M.E. Jones		23b. ADDRESS 4500 Olive St. St. Louis, Mo.	
23c. DATE SIGNED Jan 23 50			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan. 23, 1950	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 23 1950		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Krow Lou. Co. 2707 N. Grand	

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

0291 17
A. 11
pdr 1

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 *Stanley A. Dixon*

Licensed Embalmer No. *4193*

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.