

FILED SEP 5 1950
#113813

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

28116
State File No. 7279
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 5303 No. Broadway	

3. NAME OF DECEASED (Type or Print) a. (First) RUTH b. (Middle) DEBELLA c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) August 24th, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-12-15	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR (Months) 1	IF UNDER 24 HRS. (Hours) 12	IF UNDER 60 MIN. (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker	10b. KIND OF BUSINESS OR INDUSTRY Visinet Mills	11. BIRTHPLACE (State or foreign country) St. James, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Gahr	13b. MOTHER'S MAIDEN NAME Lucille Earls	14. NAME OF HUSBAND OR WIFE Nathan DeBella
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME Nathan DeBella	ADDRESS 5303 N. Broadway
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lower hepatic metastasis due to reaction to blood transfusion DUE TO (b) Carcinoma of endometrium site DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 2 days 42 months
	II. OTHER SIGNIFICANT CONDITIONS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 8-19-50	19b. MAJOR FINDINGS OF OPERATION Blas warran carcinoma. Mental metastasis. Intraperitoneal pelvic carcinoma.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? 196X
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22. I hereby certify that I attended the deceased from 8/6/50 to 8/24/50, 1950, that I last saw the deceased alive on 8/24/50, 1950, and that death occurred at 8:30pm, from the causes and on the date stated above.

23a. SIGNATURE D. H. Anster M.D.	23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 8/25/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-28-50	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. AUG 27 1950	REGISTRAR'S SIGNATURE J. Belasquez	25. FUNERAL DIRECTOR'S SIGNATURE St. Louis Funeral Home	ADDRESS 2205 St. Louis Ave.
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(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten mark

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

J. W. Binkley

Signed.....
Student Embalmer

Licensed Embalmer No. 3653

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.