

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39393

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2821

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Lemay</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Calvey 4000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt #11, Box 657</u>		d. STREET ADDRESS (If rural, give location) <u>Robertsville</u>	
3. NAME OF DECEASED a. (First) <u>Charlotte</u> b. (Middle) <u>Bearly</u> c. (Last) <u>Hendrix</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 22 50</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3-18-1865</u>
9. AGE (In years less days) <u>85</u>	IF UNDER 1 YEAR (Months) (Days) <u>8 7</u>	IF UNDER 2 HRS. (Hours) (Mins.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Thomas Green</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Hayes</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Wideman Lemay</u>		ADDRESS <u>Lemay</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>abdominal viscera - 7/15 -</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition - Caused by the disease</u>	
19a. DATE OF OPERATION <u>nil</u>		19b. MAJOR FINDINGS OF OPERATION <u>and found to be normal</u>	
19c. 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) (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 <u>3-10-1946</u> to <u>11-22-1950</u> what I last saw the deceased alive on <u>10-28-1950</u> , and that death occurred at <u>3:30 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. E. Ritchey - M.D.</u>		23b. ADDRESS <u>51 - Clair Leno</u>	
23c. DATE SIGNED <u>11/23/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-25-50</u>	
24c. NAME OF CEMETERY OR CREMATORY: <u>Anacanda</u>		24d. LOCATION (City, town, or county) (State) <u>Marshallton, Mo</u>	
DATE REC'D BY LOCAL REG. <u>11/24/50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Covey & Lenox</u>		ADDRESS <u>St. Clair, Mo</u>	

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

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. 364

Signed Frank R. Amalony
Student Embalmer

Signed H. M. Lunt

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.

Handwritten notes and signatures at the bottom of the page, including a signature that appears to be "H. M. Lunt" and some illegible text.