

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 72

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>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Richmond Heights</u> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Perryville</u> TOWN <u>0791</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Jane</u> c. (Last) <u>Warren</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>9</u> <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1895</u> <u>3-17-1895</u>
9. AGE (In years last birthday) <u>56</u> <u>55</u>		10. AGE (In years last birthday) <u>56</u> <u>55</u>	
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>—</u>	
11. BIRTHPLACE (State or foreign country) <u>Crosstown Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>CAMIEL COLIN</u> <u>Comitte Coltin</u>		13b. MOTHER'S MAIDEN NAME <u>MARY JANE</u> <u>Williams</u>	
14. NAME OF HUSBAND OR WIFE <u>Cicero</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>UNK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Donald Warren Perryville Mo</u>	
18. ADDRESS <u>—</u>		19. ADDRESS <u>—</u>	
18. CAUSE OF DEATH (Give other cause per line for (a), (b), and (c)) <u>—</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomatosis</u> DUE TO (c) <u>Carcinoma of Ovary</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>2 years</u>	
19a. DATE OF OPERATION <u>Oct 21, 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Wide spread carcinomatosis.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>175X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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?		21g. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct 21, 1950</u> , 19 <u>50</u> , to <u>JAN 9, 1951</u> , that I last saw the deceased alive on <u>JAN 9, 1951</u> , and that death occurred at <u>1 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>B. L. Sinner M.D.</u>		23b. ADDRESS <u>HAMPTON MED CENTER</u>	
23c. DATE SIGNED <u>1/10/50</u>		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-11-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Perryville Mo</u>	
DATE REC'D BY LOCAL REG. <u>1/11/51</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u>	
REGISTRAR'S SIGNATURE <u>Arthur R. ...</u>		ADDRESS <u>Manchester Ave. St. Louis 10, Mo.</u>	

*For Permission  
Hampton Medical Center*

*1-18  
1951*

**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.....  
Student Embalmer

Signed *J. Allen Davis Jr*

Licensed Embalmer No. *4053*

P. O. Address *St Louis 10 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
City of St. Louis } SS.  
County of St. Louis }

State File No. 3296  
Local Registrar's No. 72

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 24th day of January, 1951, before me appears Donald Warren, who, upon his oath, states that the original record of <sup>birth</sup> death

for MARY JANE WARREN died JANUARY 9, 1951, in the State of Missouri, and which was filed at CLAYTON, Missouri on JAN. 11, 1951, should be corrected as follows:

Item No. 8 should read MARCH 17, 1895  
Instead of MARCH 17, 1894

Item No. 9 should read 55  
Instead of 56

Item No. 13a should read CAMIEL COLIN  
Instead of CAMILLE COLIN

Item No. 13x should read MARY JANE SIMPSON  
Instead of UNKNOWN SIMPSON

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.  
(SEAL) Affiant Donald Warren son Relationship.

5093 Washington Ave.  
Present Address.

Subscribed and sworn to before me this 24th day of January, 1951

My Commission expires October 24, 1953 Gloria H. Neely Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

FEB 3 1953