

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

137332

State File No. 4132

FILED MAY 12 1951

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
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		c. LENGTH OF STAY (In this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) 19 OR TOWN St. Louis		2199			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) 4534a Laclede Ave					
3. NAME OF DECEASED (Type or Print) a. (First) Kate			b. (Middle) C.		c. (Last) Ansley		4. DATE OF DEATH (Month) (Day) (Year) April 29 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH October 15 1900		9. AGE (In years last birthday) Months Days Hours Min. 50 6 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receptionist			10b. KIND OF BUSINESS OR INDUSTRY Aloe Optical Co		11. BIRTHPLACE (State or foreign country) Cuba MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Grant pounds			13b. MOTHER'S MAIDEN NAME Anne Wikey		14. NAME OF HUSBAND OR WIFE Late Alwyn Ansley				
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. 497-10-5743		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Audrey Ansley 4534a Laclede Ave				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>metastatic Carcinoma</i> ANTECEDENT CAUSES <i>Generalized, primary site breast.</i> Morbidity 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.						INTERVAL BETWEEN ONSET AND DEATH 4 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 170X					
22. I hereby certify that I attended the deceased from Feb 1950, to Apr 29, 1951, that I last saw the deceased alive on Apr 20, 1951, and that death occurred at 9:30 P.M., from the causes and on the date stated above.									
23a. SIGNATURE <i>Robert E. Cochran M.D.</i> (Degree or title)				23b. ADDRESS 35 N. Central Clayton		23c. DATE SIGNED 5.1.51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE May 2 1951		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State). St. Louis Co. Mo.			
DATE REC'D BY LOCAL REG. MAY 1 1951		REGISTRAR'S SIGNATURE <i>J. B. Farster</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Fentz 4828 Nat. B. Idge Blvd				

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

12 30 76 3 30 P.M.

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 Raeph C. Linders

Signed.....
Student Embalmer

Licensed Embalmer No. 4275

P. O. Address St. Louis, 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.