

FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14041
2761

318

1003

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 ST. LOUIS			
b. CITY OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 7 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PINE LAWN 4161			
d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL				d. STREET ADDRESS (If rural, give location) 6229 GREER			
3. NAME OF DECEASED (Type or Print) MARY		a. (First)		b. (Middle) F.		c. (Last) FAGAN	
4. DATE OF DEATH MAR-23-1951		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	
8. DATE OF BIRTH DEC-25-1890		9. AGE (In years last birthday) 60		10. MONTHS 2		11. DAYS 28	
10a. USUAL OCCUPATION (Give kind of work if during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS - MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME BERNARD MENGE		13b. MOTHER'S MAIDEN NAME LOUISE SIMON		14. NAME OF HUSBAND OR WIFE EDWARD FAGAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Edward Fagan ADDRESS 6229 GREER			
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) Ca of Uterus - Intestinal Polypoid Cancers Sarcoma Hemorrhage extreme DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Post operative Shock - Acute - Dilatation Rt heart. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 3-23-51		19b. MAJOR FINDINGS OF OPERATION Ca of uterus - sigmoid. Gall bladder full of stones				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) St Louis County MO		21f. HOW DID INJURY OCCUR? 174X	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Nov 20, 1950, to March 23, 1951, that I last saw the deceased alive on 3-23-51, and that death occurred at 2:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) J. B. Lavelle M.D.				23b. ADDRESS 3734 Jennings Rd.		23c. DATE SIGNED 3-24-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-26-51		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS - MO	
DATE REC'D BY LOCAL REG. MAR 25 1951		REGISTRAR'S SIGNATURE J. B. Lavelle		25. FUNERAL DIRECTOR'S SIGNATURE L. B. Tanner		ADDRESS 7 Natural Bridge	

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John J. Haines

Licensed Embalmer No. *4108*

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.