

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24950

FILED AUG 7 1951

State File No.

1003

Registrar's No. 6281

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|---|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. 6281 | |
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (In this place) 2 1/2 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | 2199 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 3721 Westminster | | | | e. STREET ADDRESS (If rural, give location) 3721 Westminster | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Ann | | b. (Middle) Mary | | c. (Last) McClung | | 4. DATE OF DEATH (Month) (Day) (Year) July 27, 1951 | |
| 5. SEX F | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | | 8. DATE OF BIRTH Feb. 10, 1895 | |
| 9. AGE (In years last birthday) 56 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 HR. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Saleswomen | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) Manchester, Tenn. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | 13a. FATHER'S NAME Levy Morehead | | 13b. MOTHER'S MAIDEN NAME Mary Cook | |
| 14. NAME OF HUSBAND OR WIFE ----- | | | | 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. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Waldine Miller | | | | ADDRESS 311 Lynn Wash. Ill | | | |
| 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) Adenocarcinoma of rectum ANTECEDENT CAUSES Morbid 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 20 months | |
| 19a. DATE OF OPERATION March 14, 1950 | | 19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of rectum & invasion of ileum & uterus. | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (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? 1154X | | | |
| 22. I hereby certify that I attended the deceased from March 10, 1950 , to July 27, 1951 , that I last saw the deceased alive on July 26, 1951 , and that death occurred at 5:20 P.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE L.D. Mulligan | | | | 23b. ADDRESS 634 N. Grand, St. Louis, Mo. | | 23c. DATE SIGNED July 28, 51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE July 30, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | |
| DATE REC'D BY LOCAL REG. JUL 30 1951 | | REGISTRAR'S SIGNATURE J. B. Foster | | 25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons | | | |
| | | | | ADDRESS 6175 Delman | | | |

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

6-7-81

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 Geo. E. McCulloch

Signed
Student Embalmer

Licensed Embalmer No. 2460

P. O. Address 617 1/2 P. Elm

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.