

FILED OCT 23 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35197**
Registrar's No. **8673**

BIRTH NO. **11948-57** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CHARLES 0923	
c. LENGTH OF STAY (In this place) 15 1/2 days		d. STREET ADDRESS (If rural, give location) 1114 CLAY	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHILDREN'S			

3. NAME OF DECEASED (Type or Print) a. (First) JOYCE b. (Middle) ANN c. (Last) TIVES			4. DATE OF DEATH (Month) (Day) (Year) 10 - 1 - 51		
5. SEX FEMALE		6. COLOR OF RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
8. DATE OF BIRTH 2-25-51		9. AGE (In years last birthday) 7		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. NOrmandy, Missouri		12. CITIZEN OF WHAT COUNTRY? AMERICAN	

13a. FATHER'S NAME LAWRENCE W. TIVES		13b. MOTHER'S MAIDEN NAME LOIS COWLEY		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 ADDRESS J. Egan 500 So Kings Highway	
---	--	--	--	--	--

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medical Certification Pancreatic cystic fibrosis		INTERVAL BETWEEN ONSET AND DEATH 7 months	
		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 587.2	
---	--	--	--	--	--

22. I hereby certify that I attended the deceased from **9-15-51**, to **10-1-51**, that I last saw the deceased alive on **10-1-51**, and that death occurred at **3:45 am.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. L. Smith M.D.		23b. ADDRESS		23c. DATE SIGNED	
--	--	--------------	--	------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-2-51		24c. NAME OF CEMETERY OR CREMATORY Lake Charles		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
---	--	-----------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. OCT 1 1951		REGISTRAR'S SIGNATURE J. Egan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
---	--	---	--	---	--

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

STATEMENT BY LICENSED EMBALMER

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed Esy Wilkerson

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

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.