

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35346

State File No. ....

No. 300  
10.48

**FILED** OCT 23 1951

**318**

**1003**

**8847**

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>Incarnade-Word-Hosp</b>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>2169</b>
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Incarnade Word Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>3733 S Compton</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Helen</b>	b. (Middle)	c. (Last) <b>Loos</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>10-4-1951</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>6-11-1889</b>	<b>9. AGE</b> (In years last birthday) <b>62-</b>	<b>IF UNDER 1 YEAR</b> Months <b>3</b> Days <b>25</b>	<b>IF UNDER 24 HRS.</b> Hours <b></b> Min. <b></b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>At Home</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>None</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>St. Louis Mo D</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Joseph Sheble</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Jacobe Loos</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Jacobe Loos</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Jacob Loos</b>	<b>ADDRESS</b> <b>3733 S Compton</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (a) <b>Adeno Carc of ovary with generalized abdominal metastasis</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Old Kyphosis of spine</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> <b>2-21-50</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Carcinoma of ovaries with metastasis</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>175X</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 2-6-1950, to 10-4-1951, that I last saw the deceased alive on 10-4-1951, and that death occurred at 2:42 PM., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Ronald W. Weir M.D.</i>	<b>23b. ADDRESS</b> <b>462 N. Taylor</b>	<b>23c. DATE SIGNED</b> <b>10-5-51</b>
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<b>24a. BURIAL/CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>10-8-1951</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Resurrection Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Co. Mo</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>OCT 6 1951</b>	<b>REGISTRAR'S SIGNATURE</b> <i>J. Carl Smith M.D.</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>WINGBERMUEHLE</b>	<b>ADDRESS</b> <b>3819 S Grand Blvd</b>
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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 \_\_\_\_\_

\_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.