

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39250

DEC 8 - 1951

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

State File No.

Registrar's No.

10569

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 town) St. Louis, Missouri		c. LENGTH OF STAY (In this place) 6 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 210?			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		10. STREET ADDRESS (If rural, give location) 4211 Clay Avenue					
3. NAME OF DECEASED (Type or Print) MARY		a. (First) C.		b. (Middle) C.			
c. (Last) KING		4. DATE OF DEATH NOV. 26, 1951		5. DATE (Month) (Day) (Year)			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH July 1, 1877		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days			
IF UNDER 2 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME James Wakeman		13b. MOTHER'S MAIDEN NAME Mary C. Petty		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mr. George King, 4920 Blow Street			
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) <i>Adenocarcinoma of Gallbladder</i> ANTECEDENT CAUSES 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	
19a. DATE OF OPERATION 10/26/51		19b. MAJOR FINDINGS OF OPERATION <i>Inoperable Adenocarcinoma of Gallbladder</i>				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1537			
22. I hereby certify that I attended the deceased from 10-8-51, 19, to 11-26-51, 19, that I last saw the deceased alive on 11-26-51, 19, and that death occurred at 8:05 P m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Jack E. Higgins M.D.</i>		(Degree or title)		23b. ADDRESS 1515 Lafayette Avenue			
23c. DATE SIGNED 11-26-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/29/1951			
24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) Hillsdale Mo.		(State)			
DATE REC'D BY LOCAL REG. NOV 8 1951		REGISTRAR'S SIGNATURE <i>J. Earl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son Inc. 2161 E. Fair Ave.			

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 Richard G. Burnley

Licensed Embalmer No. 4202

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.