S. No. 300
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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 39406

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10162

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place) 19 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis State Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST LOUIS
d. STREET ADDRESS (If rural, give location) 5400 Arsenal St.

**3. NAME OF DECEASED** (Type or Print)
a. (First) MAMIE
b. (Middle)
c. (Last) MARUNA

**4. DATE OF DEATH** (Month) (Day) (Year) Nov. 13, 1951

**5. SEX** FEMALE
**6. COLOR OR RACE** WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) MARRIED
**8. DATE OF BIRTH** UNKNOWN
**9. AGE** (In years last birthday) ABOUT 70 — If under 1 year: Months, Days — If under 1 hr.: 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) UNKNOWN
**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME** JAMES BURIES
**13b. MOTHER'S MAIDEN NAME** ELIZABETH UNKNOWN
**14. NAME OF HUSBAND OR WIFE** SAM MARUNA

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** N.K.
**17. INFORMANT'S SIGNATURE OR NAME** Father Winter — **ADDRESS** 2331 Mullanphy

**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) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) rupture of Carcinoma of rectum — 3 days x.
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 [X] NO [ ]

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?** 154X

22. *I hereby certify that I attended the deceased from* June 1, 19 51, *to* Nov. 13, 19 51, *that I last saw the deceased alive on* Nov. 13, 19 51, *and that death occurred at* 4:55 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Bettie Harris Simon M.D. (Degree or title)
**23b. ADDRESS** 5400 Arsenal St.
**23c. DATE SIGNED** 11/14/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify) BURIAL
**24b. DATE** NOV 17-51
**24c. NAME OF CEMETERY OR CREMATORY** CALVARY
**24d. LOCATION** (City, town, or county) ST LOUIS (State) MO

DATE REC'D BY LOCAL REG. NOV 15 1951
REGISTRAR'S SIGNATURE J. Earl Smith M.D. K.P.
**25. FUNERAL DIRECTOR'S SIGNATURE** Cullen-Kelly **ADDRESS** 4386 Lindell
(Licensed Embalmer's Statement on Reverse Side)

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 Students of Mortuary College, working under my personal supervision.

Student Embalmer No.....

Signed James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St Louis

Signed.....
Student Embalmer

**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.