S. No. 300
V. 10.48

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

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39926
Registrar's No. 10273

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1218 N. 8th St. Apt. L.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2.259
d. STREET ADDRESS (If rural, give location) 1218 N. 8th St. Apt. L.

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle) L.
c. (Last) Williams

4. DATE OF DEATH (Month) (Day) (Year) November 16, 1951.

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Nov. 19, 1902

9. AGE (In years last birthday) 48
If under 1 year: Months | Days
If under 1 day: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Sao Paulo, Brazil 3

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME John Alphonso

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE deceased.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Mr. Robert Williams
ADDRESS 1218 N. 8th St. Apt. L.

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) Generalized carcinomatosis primary in transverse colon. — INTERVAL BETWEEN ONSET AND DEATH 18 mo.

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 5-24-51

19b. MAJOR FINDINGS OF OPERATION Generalized carcinomatosis

20. AUTOPSY? YES ☐ 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? 153X

22. *I hereby certify that I attended the deceased from* June 8, 1950, *to* Nov 16, 1951, *that I last saw the deceased alive on* Nov. 16, 1951, *and that death occurred at* 9:05p m., *from the causes and on the date stated above.*

23a. SIGNATURE Albert J. Grade **(Degree or title)** MD
23b. ADDRESS 3606 Gravois
23c. DATE SIGNED 11-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11-20-51.
24c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery
24d. LOCATION (City, town, or county) (State) Glouster, Ohio. via rail.

DATE REC'D BY LOCAL REG. NOV 19 1951
REGISTRAR'S SIGNATURE J. Earl Smith M.D. x P.

25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.
ADDRESS 2161 E. Fair Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 Homer H. Fruty

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.