

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43055

FILED DEC 20 1951

State File No. _____
Registrar's No. **9044**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		100				
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Mo.			b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Lemay		d. STREET ADDRESS (If rural, give location) 500 Chapel Rd.				
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			4. DATE OF DEATH (Month) (Day) (Year) Oct. 12 1951							
3. NAME OF DECEASED a. (First) ALVENA			b. (Middle) JOBE			c. (Last) _____				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 21, 1901		9. AGE (In years last birthday) 50		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? 0		
13a. FATHER'S NAME Emil Harnish			13b. MOTHER'S MAIDEN NAME Emma Zimmer			14. NAME OF HUSBAND OR WIFE Melvin Y. Jobe				
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. _____		17. INFORMANT'S SIGNATURE OR NAME Melvin Y. Jobe			ADDRESS 500 Chapel Rd.		
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cytoplastocarcinoma left ovary						INTERVAL BETWEEN ONSET AND DEATH 2	
			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. metastases thru out abdomen							
19a. DATE OF OPERATION 10/5/51			19b. MAJOR FINDINGS OF OPERATION See cause of death.						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) 10/11/51 12:00			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR? 175X				
22. I hereby certify that I attended the deceased from 10/11 , 19 51 , to 10/11 , 19 51 , that I last saw the deceased alive on 10/11 , 19 51 , and that death occurred at 4:00A m., from the causes and on the date stated above.										
23a. SIGNATURE W. F. Yeun md			(Degree or title) 0			23b. ADDRESS 5203 Chippewa		23c. DATE SIGNED 10/12/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 15, 1951		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.				
DATE REC'D BY LOCAL REG. OCT 15 1951			REGISTRAR'S SIGNATURE Earl Smith			25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser			ADDRESS 4228 S. Kingshighway Bl.	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Wilhelm B. White

Signed.....
Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 4228 1/2 Kings Highway

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.