

V. S. No. **FILED** FEB 8 1952  
 Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **2600**  
 Registrar's No. **0664**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (In this place) <b>2 mos</b>	c. CITY OR TOWN <b>Eureka Mo 4990</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo Baptist Hosp</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
3. NAME OF DECEASED (Type or Print) <b>Grace</b>		a. (First) <b>Grace</b>	b. (Middle) <b>Roman</b>
4. DATE OF DEATH <b>Jan. 19, 1952</b>		(Month) (Day) (Year)	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>4-3-1884</b>
9. AGE (In years last birthday) <b>67</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	
11. BIRTHPLACE (State or foreign country) <b>Trenton, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U</b>	
13a. FATHER'S NAME <b>Richard C. Boyce</b>		13b. MOTHER'S MAIDEN NAME <b>Euphemia?</b>	
14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Wm B Smith Eureka Mo</b>	
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) <b>Adeno carcinoma of uterus with widespread metastases and obstruction of sigmoid</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Obstruction of sigmoid</b> DUE TO (c) <b>Cholelithiasis</b>	
19a. DATE OF OPERATION <b>June 90</b>		19b. MAJOR FINDINGS OF OPERATION <b>Pelvis frozen to carcinoma &amp; walls invaded and</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>River (Cottonwood Lake)</b>	
21a. ACCIDENT SUICIDE - HOMICIDE		21c. (CITY, TOWN, OR TOWNSHIP) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>174X</b>		22. I hereby certify that I attended the deceased from <b>Jun</b> , 1950, to <b>Jan 19, 1952</b> , that I last saw the deceased alive on <b>Jan 15, 1952</b> , and that death occurred at <b>12:01 A. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Arthur R. Dalton M.D.</b> (Degree or title)		23b. ADDRESS <b>4500 Olive St. St. Louis</b>	
23c. DATE SIGNED <b>1/21/52</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>1-20-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Trenton - Mo</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <b>Davis-Blackmore</b> ADDRESS <b>Trenton, Mo.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JAN 22 1952</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Davis-Blackmore</b> ADDRESS <b>Trenton, Mo.</b>	

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

0664

**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.....  
Student Embalmer

Signed jos. E. McCulloch  
Licensed Embalmer No. 2460

P. O. Address 6175 Pellmar

**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.