

No. 300
10-48

FILED APR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11187

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 842

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>	c. LENGTH OF STAY (in this place) <u>20 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>	d. STREET ADDRESS (If rural, give location) <u>345 Fairlawn Ave.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>345 Fairlawn Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>345 Fairlawn Ave.</u>	

3. NAME OF DECEASED (Type or Print) <u>JOHN ROY HIGGINS</u>			4. DATE OF DEATH <u>Mar 28th, 1952</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 8th, 1885</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Asst. Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>National Lead Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Anslee Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
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13a. FATHER'S NAME <u>John A. Higgins</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Barry</u>	14. NAME OF HUSBAND OR WIFE <u>Loretta Higgins</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-05-6854</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marry Frances Newman III</u>	ADDRESS <u>Webster Groves</u>
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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) <u>Cancer of Pancreas with metastases to Liver and Glands.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 or 7 mos.</u>
	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. <u>Diabetes Mellitus</u>		<u>157X</u> <u>5 mos.</u>

19a. DATE OF OPERATION <u>3/10/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cancer head of Pancreas with metastases.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:45 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Victor Reese</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>170 E Lockwood Webster Groves</u>	23c. DATE SIGNED <u>Mar 31/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 31 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-29-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HD Tanker-Altuch</u>	ADDRESS <u>F. Home Webster Groves Mo.</u>
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(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Leslie Welch

Licensed Embalmer No. *4395*.....

P. O. Address *Holston Ground M*.....

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.