No. 300
10.48

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

Primary site Uterus. With metastasis to ureters. Hosp. entered.

FILED JUL 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21712

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6133

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
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) St. Louis City Hospital #1

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 2239
d. STREET ADDRESS (If rural, give location) 23 1930 So. Broadway

3. NAME OF DECEASED (Type or Print)
a. (First) HAZEL
b. (Middle) M.
c. (Last) BAILEY

4. DATE OF DEATH (Month) JUNE (Day) 28, (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Dec. 28, 1920
9. AGE (In years last birthday) 31 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Punch press opreator
10b. KIND OF BUSINESS OR INDUSTRY Electric Appliance
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, mo.
12. CITIZEN OF WHAT COUNTRY? C

13a. FATHER'S NAME Rolla Bailey
13b. MOTHER'S MAIDEN NAME Marie Graham
14. NAME OF HUSBAND OR WIFE

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.
17. INFORMANT'S SIGNATURE OR NAME Gladys Janis — **ADDRESS** 1930 So. Broadway

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 — Stage IV

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous cell Carcinoma of Cervix — 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)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death* (1) Carcinomatosis (2) Ascites (4) Uremia (3) Metastatic Carcinoma of Bladder

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Previous gyn X-ray and Radium Deaconess Hosp. 1951
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? 171X

22. *I hereby certify that I attended the deceased from* 6-4-52, 19___, *to* 6-28-52, 19___, *that I last saw the deceased alive on* 6-28-52, 19___, *and that death occurred at* 6:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS 1515 Lafayette Avenue
23c. DATE SIGNED 6-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE July 1, 1952
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemeteery
24d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

DATE REC'D BY LOCAL REG. JUN 30 1952
REGISTRAR'S SIGNATURE J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE [signature] **ADDRESS** Weick Bros. 2201 So. Grand Blvd.

(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 Ronald O Johnke

Licensed Embalmer No. 3907

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.