

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33005

State File No. _____

FILED OCT 1 1952

Registrar's No. **8707**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8707		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____				
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		2119		
d. FULL NAME OF HOSPITAL OR INSTITUTION I502 Wagner Place				d. STREET ADDRESS (If rural, give location) I502 Wagner Pl.				
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth			b. (Middle) Yeargain		c. (Last) Harrell		4. DATE OF DEATH (Month) (Day) (Year) Sept 15, 1952	
5. SEX Female	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 23, 1909	9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Days 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Potosi, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.		
13a. FATHER'S NAME George Bealer			13b. MOTHER'S MAIDEN NAME Rose Yeargain		14. NAME OF HUSBAND OR WIFE John Harrell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME John Harrell ADDRESS I502 Wagner Pl.				
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) Carcinoma of uterus 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. None					INTERVAL BETWEEN ONSET AND DEATH 3 Months	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR None		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR None				
22. I hereby certify that I attended the deceased from June 15, 1952 , to Sept 15, 1952 , that I last saw the deceased alive on Sept 15, 1952 , and that death occurred at 10:45 P. M. , from the causes and on the date stated above.								
22a. SIGNATURE Tracy D. Alexander (Degree or title) M.D.				22b. ADDRESS 826 N. Chauncy St. Louis		22c. DATE SIGNED 9-16-52		
23a. BURIAL, CREMATION, REMOVAL (Specify) Motor		23b. DATE Sept. 20, 1952		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cem		23d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.		
DATE REC'D BY LOCAL REG. SEP 17 1952		REGISTRAR'S SIGNATURE J. C. Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Wright Fungal Home ADDRESS 3100 Easton Ave.				

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.