

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36132

State File No.

FILED NOV 13 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9858**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place)		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. BAPTIST Hosp.		d. STREET ADDRESS (If rural, give location) 4735 Cupples Place	

3. NAME OF DECEASED (Type or Print) a. (First) PEARL	b. (Middle) F	c. (Last) AMES	4. DATE OF DEATH (Month) (Day) (Year) 10-25-52
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Feb 18, 1921	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Shaver, Mo	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Frank Herbold	13b. MOTHER'S MAIDEN NAME Gertrude Barnett	14. NAME OF HUSBAND OR WIFE EUGENE AMES
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Eugene Ames	ADDRESS 4735 Cupples Pl
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of Liver, Ca of descending colon		INTERVAL BETWEEN ONSET AND DEATH 6 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 6-15-52	19b. MAJOR FINDINGS OF OPERATION Adeno. ca of descending colon; Ca of Liver	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. home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 155X
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22. I hereby certify that I attended the deceased from **6-17-52**, to **10-25-52**, 19**52**, that I last saw the deceased alive on **10-25-52**, 19**52**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. Lonsche (Degree or title) MD.	23b. ADDRESS 1885 Retired Bridge	23c. DATE SIGNED 10-27-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-28-52	24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cem.	24d. LOCATION (City, town, county) (State) Shaver, Mo.
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DATE REC'D BY LOCAL REG. OCT 27 1952	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE A. Brown	ADDRESS 2707 N. Grand
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

name primary source

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 M. W. Ruster

Licensed Embalmer No. 4865

P. O. Address St Louis, Mo.

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.