

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36485
State File No. 1003
Registrar's No. 9536

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 1003		Registrar's No. 9536											
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY ST. LOUIS															
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (In this place) 1 WEEK		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MAPLEWOOD		4534													
d. FULL NAME OF HOSPITAL OR INSTITUTION INCARNATE WORD HOSP.				d. STREET ADDRESS (If rural, give location) 7167 LYNDOVER															
3. NAME OF DECEASED (Type or Print) a. (First) ELSIE b. (Middle) LOUISE c. (Last) HITE			4. DATE OF DEATH (Month) (Day) (Year) Oct-14-1952			5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE-25-1898		9. AGE (In years: last birthday) 54		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO				12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME THOMAS - HOLCOMBE				13b. MOTHER'S MAIDEN NAME LILLIE RANDALL				14. NAME OF HUSBAND OR WIFE WILLIAM HEDERA											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. NONE				17. INFORMANT'S SIGNATURE OR NAME VIRGINIA BODENBACH				ADDRESS _____							
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) Adenocarcinoma of colon at recto sigmoid area with liver metastasis (lung) - ANTECEDENT CAUSES cachexia from above DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Scirrhous carcinoma of breast Conditions contributing to the death but not related to the disease or condition causing death. Scirrhous carcinoma right lung (lung)								INTERVAL BETWEEN ONSET AND DEATH 4-29-52 2 mo 7-30-51 11-3-51							
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT (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) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? _____				170X							
22. I hereby certify that I attended the deceased from 8-27-46 , to 10-14-52 , that I last saw the deceased alive on 10-14-52 , and that death occurred at 3:57 p.m. , from the causes and on the date stated above.																			
23a. SIGNATURE John Blynn Blynn				23b. ADDRESS 1715 So 39th St Kansas City Mo				23c. DATE SIGNED 10-14-52											
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE OCT-16-1952		24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEM.				24d. LOCATION (City, town, or county) (State) KIRKWOOD MO.											
DATE REC'D BY LOCAL REG. OCT 16 1952				REGISTRAR'S SIGNATURE J. Carl Smith				25. FUNERAL DIRECTOR'S SIGNATURE W. Parker - Aldrich Fun Home				ADDRESS Webster Brown							

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

Grand Primary

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 *Whiter Ground 7*

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.