

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37175**

FILED OCT 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>B-17</u>		PRIMARY REG. DIST. NO. <u>548</u>		Registrar's No. <u>2678</u>			
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>				b. 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>84 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>			<u>4589</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. 685 Oakwood Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>685 Oakwood Ave.</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LENG</u>		b. (Middle) <u>K.</u>		c. (Last) <u>Digby</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 16, 1952</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 22, 1868</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 4 HRS. Days <u>0</u>	IF UNDER 15 MIN. Hours <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Adam Dietrich</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Peters</u>			14. NAME OF HUSBAND OR WIFE <u>Arthur Digby</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Katherine Marie Digby</u>			ADDRESS <u>685 Digby Web. Gr.</u>		
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 liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastasis to liver from prostate</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Exploratory - done in June 1952</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 <u>Sept. 1948</u> , <u>16 Oct 16, 1952</u> , that I last saw the deceased alive on <u>Oct 16, 1952</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Norman C. Edwards M.D.</u> (Degree or title)				23b. ADDRESS <u>94 W. Big Bend Rd Webster Groves</u>		23c. DATE SIGNED <u>Oct 16-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 20, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>				
DATE REC'D BY LOCAL BEG. <u>10/17/52</u>		REGISTRAR'S SIGNATURE <u>Hubert P. Donke M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons, Inc.</u>				ADDRESS <u>6175 Delmar Blvd</u>

(Licensed Embalmer's Statement on Reverse Side)

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

99 W Big Bend
McClelland

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 *George J. Moran*

Licensed Embalmer No. 4366

P. O. Address Lawrence

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.