U.S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40502

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10120

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DePaul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ferguson 4009 ?
d. STREET ADDRESS (If rural, give location) / /

3. NAME OF DECEASED (Type or Print) a. (First) Ruby b. (Middle) Jewell c. (Last) Marcec

4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1952.

5. SEX Female /
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /
8. DATE OF BIRTH June 21, 1905
9. AGE (In years last birthday) 47 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own
11. BIRTHPLACE (State or foreign country) Reevesville, Illinois /
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Elijah Cummins
13b. MOTHER'S MAIDEN NAME Cora Reed
14. NAME OF HUSBAND OR WIFE Andrew Marcec

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 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Stenosis — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic fever — 5 yrs.
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
19b. MAJOR FINDINGS OF OPERATION
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) 10 31 52 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4011

22. *I hereby certify that I attended the deceased from* 10-31, 1952, *to* 11-1, 1952 *that I last saw the deceased alive on* 11-1, 1952 *and that death occurred at* 5:55 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R. F. Weaver, M.D.
23b. ADDRESS 40 N. Florissant
23c. DATE SIGNED 11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/4/52.
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. NOV 3 1952
REGISTRAR'S SIGNATURE J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE White Enapel, Ferguson, Mo. ADDRESS

(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 L. M. White

Licensed Embalmer No. 3973

P. O. Address Hergman, Ga

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.