

STANDARD CERTIFICATE OF DEATH

40965

State File No.

FILED DEC 12 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 3127

1. PLACE OF DEATH a. COUNTY St. Louis		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 OR TOWN Clayton)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton <u>11462</u>	
c. LENGTH OF STAY (In this place) 1 mo.		d. STREET ADDRESS (If rural, give location) 915 DeMun	
d. FULL NAME OF HOSPITAL OR INSTITUTION 915 DeMun			

3. NAME OF DECEASED (Type or Print)		a. (First) Lena		b. (Middle) LaFon		c. (Last) Townsend		4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH April 17, 1877		9. AGE (In years last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Putnam County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME William Joseph Applegate		13b. MOTHER'S MAIDEN NAME Mary LaRue Taylor		14. NAME OF HUSBAND OR WIFE James Arthur Townsend	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME & ADDRESS J. Arthur Townsend, 915 DeMun	

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) Intestinal Obstruction		INTERVAL BETWEEN ONSET AND DEATH Dec. 1-52	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		1947	
		DUE TO (b) Carcinoma of Pancreas		1950	
		DUE TO (c) Metastasis to Liver		157X	
		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 11		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?	

22. I hereby certify that I attended the deceased from 1950, to Dec 4, 1952, that I last saw the deceased alive on Nov 18, 1952, and that death occurred at 4:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE Leaton Peterson M.D. (Degree or title)		23b. ADDRESS 1005 Big Bend Richmond Heights, Mo.		23c. DATE SIGNED Dec 5-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-8-52		24c. NAME OF CEMETERY OR CREMATORY Unionville		24d. LOCATION (City, town, or county) (State) Unionville, Missouri.	
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DATE REC'D BY LOCAL REG. 12-6-52		REGISTRAR'S SIGNATURE Herkut R. Douch-P.T.		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
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(Licensed Embalmer's Statement on Reverse Side)

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

4002

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 *John J. Haines*

Licensed Embalmer No. *4108*

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.