

S. No. 300
V. 10-48

FILED JAN 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43375**
11321
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No.
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 2199		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4140 Washington		d. STREET ADDRESS (If rural, give location) 19 4140 Washington 0		
3. NAME OF DECEASED (Type or Print) Irma		a. (First) B.	b. (Middle) Dell	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) 11-22-52				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 3-17-1895	9. AGE (In years last birthday) 57 IF UNDER 1 YEAR: Months Days IF UNDER 2 HRS: Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nurse		10b. KIND OF BUSINESS OR INDUSTRY hospital	11. BIRTHPLACE (City and State or Foreign Country) Camden, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE single	
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 Cornelia Brossard, 3853 Lindell ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Urinary Bladder ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Biopsy taken 3 yrs ago			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (In, 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? 181X		
22. I hereby certify that I attended the deceased from Sept 12, 1952 , to 11/22/52 , 19___, that I last saw the deceased alive on 11/20 , 1952, and that death occurred at 11 a. m. , from the causes and on the date stated above.				
23a. SIGNATURE W H Chester M D (Degree or title)		23b. ADDRESS 3120 Washington Blvd	23c. DATE SIGNED 11/24/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-31-52	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DEC 9 1952 REG. BY LOCAL REG.	REGISTRAR'S SIGNATURE J Carl Smith M D		25. FUNERAL DIRECTOR'S SIGNATURE Rowland, 4104 Manchester ADDRESS	

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

(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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.