

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44871

State File No.

FILED JAN 26 1953

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11105

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1410 Academy Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1410 Academy Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Hase	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) December 1 1952	
5. SEX- Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 1 1871
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months	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	11. BIRTHPLACE (State or foreign country) Chicago Ill
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Patrick Crowley		13b. MOTHER'S MAIDEN NAME Catherine Hansheen	
14. NAME OF HUSBAND OR WIFE			
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 Catherine Morre		ADDRESS 1410 Academy Ave.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Transverse Colon ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		153X	
22. I hereby certify that I attended the deceased from Jan 5 th , 1952, to Dec 1, 1952, that I last saw the deceased alive on Dec 1, 1952, and that death occurred at 8:30 AM from the causes and on the date stated above.			
23a. SIGNATURE (Name and title) Dr. R. P. Macko M.D.		23b. ADDRESS 1303 N. Kingshighway	
23c. DATE SIGNED 12-2-52			
24a. BURIAL / CREMATION REMOVAL (Specify) Burial		24b. DATE 12/7/52	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. DEC 8 1952		REGISTRAR'S SIGNATURE J. C. Smith M.D. (Licensed Embalmer's Statement on Reverse Side)	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Sullivan's 2849 N. Euclid Ave.	

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

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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.
Signed *Robert L. Brinkman*

Licensed Embalmer No. *3553*

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.