

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

7337

FILED FEB 26 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1626

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2197</u>	
c. LENGTH OF STAY (In this place) <u>60-days</u>		d. STREET ADDRESS (If rural, give location) <u>4001 Washington Blvd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellen</u> b. (Middle) <u>M</u> c. (Last) <u>Bayne</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 10 53</u>		
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	
8. DATE OF BIRTH <u>unk. unk. 1899</u>			9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months Days Hours Min.
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		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>John B. Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Fiedler</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. William Bayne</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>not known</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. William Bayne, 4001 Washington Blvd.</u>	

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) <u>Carcinoma of both lungs</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Adenocarcinoma of rectum, metastatic</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH <u>9 mo.</u> <u>5 yrs.</u>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>154. X</u>	

22. I hereby certify that I attended the deceased from Dec. 13 1952, to Feb 10, 19 53, that I last saw the deceased alive on Feb 10, 19 53, and that death occurred at 1:55A m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. Bradley</u>		23b. ADDRESS <u>M. D. Barnes Hospital</u>		23c. DATE SIGNED <u>2/10/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 12, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>					

DATE REC'D BY LOCAL <u>FEB 11 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. Donnelly 3840 Lindell Blvd.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.