

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7497

FILED WAR 11 1953

State File No. 1834
Registrar's No. 1834

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 1834		Registrar's No. 1834			
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 township) St. Louis				c. LENGTH OF STAY (In this place) 55yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2539					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1219 a Lami				d. STREET ADDRESS (If rural, give location) 23 1219a Lami							
3. NAME OF DECEASED (Type or Print) Dolly DuVal			a. (First)			b. (Middle)			c. (Last)		
4. DATE OF DEATH Feb. 15, 1953			5. SEX F			6. COLOR OR RACE W			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		
8. DATE OF BIRTH Aug. 24, 1897			9. AGE (In years last birthday) 55yrs			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker Liggett & Meyers Tobacco Co.			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME S. D. DuVal			13b. MOTHER'S MAIDEN NAME Marie Edmonds			14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 489-10-4641			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank F. Shroeder 1219a Lami					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Metastatic Carcinoma DUE TO (c) Carcinoma of Uterus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							INTERVAL BETWEEN ONSET AND DEATH 90 hrs 8 mo 9+ mo
19a. DATE OF OPERATION 1-6-53		19b. MAJOR FINDINGS OF OPERATION Carcinoma of uterus with metastases to adnexae							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			21f. HOW DID INJURY OCCUR 174x			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			22. I hereby certify that I attended the deceased from 12-6-1952, to 2-15-1953 that I last saw the deceased alive on 2-15-1953, and that death occurred at 8:00 p.m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Geo. A. Seeb				23b. ADDRESS 2323 Lafayette St. Louis				23c. DATE SIGNED 2/17/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Feb. 18, 1953		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory			24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.				
DATE REC'D BY LOCAL REG. FEB 17 1953		REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons			ADDRESS 617 S. Delmar			

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

Dr Geo G Seib
2323 Lafayette
Rm 2323
before 9 AM

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 Joe E McCallah
Licensed Embalmer No. 2460

P. O. Address 6175 Helmas

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.