

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12175

State File No.

FILED APR 10 1953

BIRTH NO. ... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3423

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

1. PLACE OF DEATH a. COUNTY			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 township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) 5 weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST JOHNS		4721
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.			d. STREET ADDRESS (If rural, give location) 46-JONESETT		
3. NAME OF DECEASED (Type or Print) a. (First) Letta b. (Middle) Powell c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MAR. 29 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 17, 1887	9. AGE (In years last birthday) 66	10. MONTHS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Robert G White		13b. MOTHER'S MAIDEN NAME UN KNOWN	14. NAME OF HUSBAND OR WIFE Frank Deed.		
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 Ralph Powell 46-JONESETT St Johns			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma of Brain			DUPLICATE (b) Generalized lymphosarcomatosis		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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 2001	
22. I hereby certify that I attended the deceased from Mar 1, 1953, to Mar 29, 1953 that I last saw the deceased alive on Mar 29, 1953, and that death occurred at 9:20 P.M., from the causes and on the date stated above.					
23a. SIGNATURE Richard Gibson M.D. (Degree or title)			23b. ADDRESS Jewish Hosp.		23c. DATE SIGNED 3/30/53
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED	24b. DATE 4/1/1953	24c. NAME OF CEMETERY OR CREMATORY Mt Lebanon Cem.	24d. LOCATION (City, town, or county) Tottenville Mo.		(State)
DATE REC'D BY LOCAL REG. MAR 31 1953	REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Baumann Bros 2574 Woodson Rd. S.P. (Licensed Embalmer's Statement on Reverse Side) 250 Oakland 14 Mo		

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 3454

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed David G. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland, 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.