

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12431

State File No.

FILED APR 4 1953

318

1003 Registrar's No. 3019

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS, MISSOURI</i>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>PHILLIPSBURG 0530</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Baptist Hosp</i>				d. STREET ADDRESS (If rural, give location) <i>LOCAL Post office</i>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
<i>DORIS</i>		<i>J.</i>		<i>T. RENT</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>3 18 1953</i>	
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		8. DATE OF BIRTH <i>MAY 12, 1924</i>	
9. AGE (In years last birthday) <i>28</i>		10. MONTHS <i>10</i>		11. DAYS <i>6</i>		12. IF UNDER 1 YEAR Hours Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) <i>Los Angeles, CALIFORNIA U.S.A.</i>				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <i>Fred DeGuire</i>		13b. MOTHER'S MAIDEN NAME <i>NANCY COOPER</i>		14. NAME OF HUSBAND OR WIFE <i>AUBREY T RENT</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>AUBREY T RENT</i>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bran Tumor malignant</i>					<i>6mo</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.		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.					
19a. DATE OF OPERATION <i>3-17</i>		19b. MAJOR FINDINGS OF OPERATION <i>None</i>				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? <i>193x</i>			
22. I hereby certify that I attended the deceased from <i>3-14</i> , 1953 to <i>3-18</i> , 1953 that I last saw the deceased alive on <i>3-18</i> , 1953, and that death occurred at <i>11 a. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Robert Woolsey MD</i>				23b. ADDRESS <i>16 Hampton Village Plaza</i>		23c. DATE SIGNED <i>3-19-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>March 20 53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Los Angeles</i>		24d. LOCATION (City, town, or county) (State) <i>Cal</i>	
DATE REC'D BY LOCAL REG. <i>MAR 19 1953</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Guy Miller</i>		ADDRESS <i>5041 Delmar</i>	

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

Rate

m9 B.

APR 24 1953

APR 27 1953

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

Ronald Yehuda

Licensed Embalmer No. 3917

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.