

12520

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2993

Registrar's No.

No. 300

10.48

FILED APR 4 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS 25		(If rural, give location) 927 N 16th St	

3. NAME OF DECEASED (Type or Print) Mary		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH March 17 1953
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5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-3-1918	9. AGE (In years last birthday) 34	# UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Wk. Hours	IF UNDER 1 Wk. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packing Dept	10b. KIND OF BUSINESS OR INDUSTRY Armer Packing Co	11. BIRTHPLACE (City and State or Foreign Country) Dancy Ala	12. CITIZEN OF WHAT COUNTRY? Ala
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13a. FATHER'S NAME Ben Windham	13b. MOTHER'S MAIDEN NAME Laura Carner	14. NAME OF HUSBAND OR WIFE Robert Wilder
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME Miss Laura Sanders	ADDRESS 5738 S. State
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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		INTERVAL BETWEEN ONSET AND DEATH Undet.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epidermoid Carcinoma of Cervix with Extensive Metastasis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Secondary Anemia		
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 checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 171X
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22. I hereby certify that I attended the deceased from 5-21, 1952, to 3-17, 1953, that I last saw the deceased alive on 3-17, 1953, and that death occurred at 9:08 a. m., from the causes and on the date stated above.

23a. SIGNATURE D. Alan Harris M. D.	(Degree or title)	23b. ADDRESS 2601 N Whittier St.	23c. DATE SIGNED 3-18-53
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24. BURIAL, CREMATION, REMOVAL (Specify) Ship RR.	24b. DATE 3-19-53	24c. NAME OF CEMETERY OR CREMATORY Scooba	24d. LOCATION (City, town, or county) (State) Miss
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DATE REC'D BY LOCAL REG. MAR 19 1953	REGISTRAR'S SIGNATURE J. Charles Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. D. Richardson	ADDRESS 2625 Glasgow Ave
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

A. Richardson

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

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.