

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15914**
Registrar's No. **4214**

FILED MAY 14 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4214		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____				
d. CITY OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 20 Yrs		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4576a Clayton Ave.				e. STREET ADDRESS (If rural, give location) 4576 Clayton Avenue				
3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) _____ c. (Last) Laughney			4. DATE OF DEATH (Month) (Day) (Year) April 22, 1953					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 10, 1893		
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months 8 Days 12		IF UNDER 1 MRS. Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Clerk			10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis			11. BIRTHPLACE (City and State or Foreign Country) St. Louis		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME James Burdett		13b. MOTHER'S MAIDEN NAME Elizabeth Murphy		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Perry ADDRESS 4576 Clayton Ave				
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of bowel & left ovary.						
		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 Feb. 1951		19b. MAJOR FINDINGS OF OPERATION Carcinoma of bowel & left ovary.				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) _____				
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? 153x				
22. I hereby certify that I attended the deceased from 3/9 , 19 53 , to 4/22 , 19 53 , that I last saw the deceased alive on 4/22 , 19 53 , and that death occurred at 6:30 A. M. , from the causes and on the date stated above.								
23a. SIGNATURE Dr. Wayne M. Weaver M.D. (Degree or title)				23b. ADDRESS 5437A Southwest Ave.		23c. DATE SIGNED 4/23/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-25-1953		24c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. APR 23 1953		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. S. Howard ADDRESS 1619 S. Grand				

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.....
Signature of Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. *37 (49)*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.