

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

FILED JUN 29 1953

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 224

294

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

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before death (admission).) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCIS</u>	
b. CITY OR TOWN <u>BONNE TERRE</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>BONNE TERRE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>110 LOUISE ST.</u>		d. STREET ADDRESS (If rural, give location) <u>110 LOUISE ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>AUDREY</u> b. (Middle) <u>WHEAT</u> c. (Last) <u>EMERY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 20, 1953</u>
---	---

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 18, 1916</u>	9. AGE (In years last birthday) <u>37</u> Months <u>5</u> Days <u>3</u>	10. IF UNDER 12 HRS. Hours <u>—</u> Mins. <u>—</u>
----------------------	-------------------------------	---	---------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>WASHINGTON D.C. U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	-----------------------------------	--	--

13a. FATHER'S NAME <u>HARRY BROWNING</u>	13b. MOTHER'S MAIDEN NAME <u>MARY WHEAT</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN A EMERY</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) <u>NO</u> (If yes, specify or date of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JOHN A. EMERY</u>	ADDRESS <u>BONNE TERRE MO</u>
--	-------------------------------------	--	-------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma left breast</u>			<u>5 years</u>
	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 <u>About 1948</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of breast 170X</u>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Feb. 13, 1953, to June 8, 1953, that I last saw the deceased alive on June 8, 1953, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Marvin J. How, J.M.D.</u>	23b. ADDRESS <u>Bonne Terre Mo.</u>	23c. DATE SIGNED <u>6-22-53</u>
---	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>JUNE 27, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CREMATORY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
--	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>June 23, 1953</u>	REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bertram Haddo</u>	ADDRESS <u>Convent Ave</u>
---	---	---	----------------------------

AUG 16 1958

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 James J. Claywell

Licensed Embalmer No. 13706

P. O. Address Boardman, N.H.

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.