

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22885

FILED JUL 2 - 1953

318

1003

State File No.

5855

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) a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>6 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>610 N Skinker</u>				d. STREET ADDRESS (If rural, give location) <u>610 N Skinker</u> <u>20070</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVALYN</u> b. (Middle) <u>HUEY</u> c. (Last) <u>HESSENBRUCH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-11-1953</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 12, 1886</u>		9. AGE (In years last birthday) <u>67</u> If under 1 year: Months _____ Days _____ Hours _____ Mins. _____	
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 <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Looking Glass Prairie Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Eldorado Huey</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Kirby</u>		14. NAME OF HUSBAND OR WIFE <u>Geo. S. Hessenbruch</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Hessenbruch Columbia 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of ovary</u> 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. <u>175X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
19a. DATE OF OPERATION <u>9-19-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of ovary</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) <u>St. Louis Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
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? _____			
22. I hereby certify that I attended the deceased from <u>9-19</u> ¹⁹⁵² to <u>6-11</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-11</u> , 19 <u>53</u> , and that death occurred at <u>6:15</u> ^{PM} m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William Bernier MD</u>				23b. ADDRESS <u>4614 N Taylor</u>		23c. DATE SIGNED <u>6/13/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-13-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JUN 12 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter F. Home Heister Groves Mo.</u>		

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

Leslie Welch

Licensed Embalmer No. *4395*

P. O. Address *Water Ground M*

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.