

FILED JUL 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26658

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5959**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** c. LENGTH OF STAY (in this place) _____

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Missouri Baptist Hosp.** e. STREET ADDRESS (If rural, give location) **3948a Kennerly Ave.**

3. NAME OF DECEASED (Type or Print) a. (First) **Theresa** b. (Middle) _____ c. (Last) **McElroy** 4. DATE OF DEATH (Month) (Day) (Year) **June 13 1953**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, **never married** 8. DATE OF BIRTH **Feb. 2 1907** 9. AGE (In years last birthday) **46** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) **Shoe worker** 10b. KIND OF BUSINESS OR INDUSTRY **Shoe** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis Mo.** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Albert McElroy** 13b. MOTHER'S MAIDEN NAME **Mary Bill** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY # **497-03-1396** 17. INFORMANT'S SIGNATURE OR NAME **Mr s. Ethel Bailey** ADDRESS **3948a Kennerly**

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, ashenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **for advanced Cancer Rt breast, metastases** (b) **to scalp, liver, abdomen** (c) _____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____

INTERVAL BETWEEN ONSET AND DEATH **16 months**

19a. DATE OF OPERATION **Feb. 1952** 19b. MAJOR FINDINGS OF OPERATION **early cancer Rt breast** 20. AUTOPSY? YES NO

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) _____ m. _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **170x**

22. I hereby certify that I attended the deceased from **Feb. 2, 1953** to **6-13, 1953**, that I last saw the deceased alive on **6-13, 1953**, and that death occurred at **7:45 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **D. J. Verda M. D.** 23b. ADDRESS **4500 Olive** 23c. DATE SIGNED **6-15-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **6/16/53** 24c. NAME OF CEMETERY OR CREMATORY **Calvary** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **JUN 15 1953** REGISTRAR'S SIGNATURE **J. Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Sullivan's** ADDRESS **2849 N. Euclid Ave.**

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..... *Albert Mayfield*

Licensed Embalmer No. *30*

P. O. Address *St. Louis*

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.