

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26974

FILED AUG 12 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6806

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS		b. COUNTY ST LOUIS COUNTY	
c. LENGTH OF STAY (in this place) 4 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) BERDELL HILLS	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL		d. STREET ADDRESS (If rural, give location) 5344 COLTON 4170	
3. NAME OF DECEASED a. (First) EVALYN b. (Middle) IRENE c. (Last) UPP			4. DATE OF DEATH (Month) (Day) (Year) JULY 8-1953
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH JAN-1-1893
9. AGE (In years last birthday) 60		10. KIND OF BUSINESS OR INDUSTRY HOME MAKER	11. BIRTHPLACE (City and State or Foreign Country) CANTON OHIO
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME CYRUS B. FOCKLER		13b. MOTHER'S MAIDEN NAME HARRIET NICHOLS	
14. NAME OF HUSBAND OR WIFE JOHN W. UPP		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Thomas J. Murphy	
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.		19. INTERVAL BETWEEN ONSET AND DEATH 1 YR	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA - RT BREAST		II. OTHER SIGNIFICANT CONDITIONS CARCINOMA - LEFT BREAST - BREAST RESECTION - METASTASES	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <del>CARCINOMA</del>		DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION CARCINOMA - LEFT BREAST	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 170X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 4/1, 1953 to 7/8, 1953, that I last saw the deceased alive on 7/8, 1953, and that death occurred at 11:45 AM., from the causes and on the date stated above.	
23a. SIGNATURE Harry Agness		23b. ADDRESS 634 N. GRAND	
23c. DATE SIGNED 7/9/53		24. NAME OF CEMETERY OR CREMATORY VAL HALLA	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE JULY-10-53	
24c. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY		25. FUNERAL DIRECTOR'S SIGNATURE J. Carl Smith	
25. ADDRESS 7267 Hazel Bridge Rd		DATE REC'D BY LOCAL REG. JUL 10 1953	
REGISTRAR'S SIGNATURE M.F.B.		REG. NO. 6806	

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 James A. Gammens

Licensed Embalmer No. 4142

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 this body is not embalmed, fact should be so stated above.