

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27090**

FILED JUL 23 1953  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1864

4022

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON MO</u>	c. LENGTH OF STAY (In this place) <u>3 weeks</u>	c. CITY OR TOWN <u>WEBSTER GROVES MO</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY</u>		• STREET ADDRESS (If rural, give location) <u>816 CORNELL AVE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Susie</u>	b. (Middle) <u>Hospital</u>	c. (Last) <u>Calvin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1953</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 14 1883</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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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>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MANCHESTER MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wesely HERMAN</u>	13b. MOTHER'S MAIDEN NAME <u>LYDIA WEATHERFORD DECEASED</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Edmund</u>	ADDRESS <u>Edina Ave</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diffuse bilateral bronchopneumonia</u> <u>&amp; renal failure,</u> DUE TO (b) <u>complications of radical mastectomy</u> DUE TO (c) <u>for papillary adenocarcinoma of breast</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity.</u>		

19a. DATE OF OPERATION <u>6-29-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Radical Mastectomy for papillary adenocarcinoma</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 6-18-, 1953, to 7-4-, 1953, that I last saw the deceased alive on 7-4-, 1953 and that death occurred at 11 1/2 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Melvin C. Kester M.D.</u>	23b. ADDRESS <u>601 S. Brentwood Clayton S. Mo.</u>	23c. DATE SIGNED <u>7-5-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Father Melson Kirkwood Mo</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>7-6-53</u>	REGISTRAR'S SIGNATURE <u>Nesbert R. Dombk M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold J. Ganss</u>	ADDRESS <u>130 Eldridge</u>
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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 *Theodore J. Yandell*

Licensed Embalmer No. *4243*

P. O. Address *130 Caldwell*

*Yehites, Groves*

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.