

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33064

State File No.

9360

FILED OCT 15 1953

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1003

Registrar's No.

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 Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 6 mo.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				e. STREET ADDRESS (If rural, give location) 25 1213 No. 7th St. 2259			
3. NAME OF DECEASED (Type or Print)		a. (First) Martha		b. (Middle) R.		c. (Last) Cutler	
4. DATE OF DEATH		(Month) Sept.		(Day) 29		(Year) 1953	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Oct. 10, 1907		9. AGE (In years last birthday) 45	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Consolidated Fwd. Co.		11. BIRTHPLACE (City and State or Foreign Country) Edwardsville, Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Turner Ramey		13b. MOTHER'S MAIDEN NAME Mathilda Sherman		14. NAME OF HUSBAND OR WIFE Clarence J. Cutler			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas A. Cutler 3275 January A ve.			
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) <i>Brain Tumor malignant</i> 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.				INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>	
19a. DATE OF OPERATION 4-24-53		19b. MAJOR FINDINGS OF OPERATION <i>Same</i>				20. AUTOPSY? YES <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>193x</i>			
22. I hereby certify that I attended the deceased from <i>4-23, 1953</i> to <i>9-29, 1953</i> that I last saw the deceased alive on <i>9-28, 1953</i> , and that death occurred at <i>3:30A</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Robert D. Wootley M.D.</i>				23b. ADDRESS <i>16 HAMPTON VILLAGE PLAZA</i>		23c. DATE SIGNED <i>9-29-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>		24b. DATE <i>Oct. 1, 1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Crematory</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>SEP 29 1953</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>G. Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.</i>			

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

Dr. Robt. Woolsey
16 Hampton Village Plaza

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.....

Licensed Embalmer No. 2679

P. O. Address 7814 1/2 Broadway

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.