

STANDARD CERTIFICATE OF DEATH

34517

State File No.

FILED OCT 2 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2910

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (In this place) 14 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights #483		d. STREET ADDRESS (If rural, give location) 7345 LaVeta Ave.
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) PEARL b. (Middle) OLIVIA c. (Last) HARGATE			4. DATE OF DEATH (Month) (Day) (Year) 9 8 / 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/21/1884	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 10 Days 17
IF UNDER 1 YEAR Hours 10 Min. 17	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jacob Stumpf		13b. MOTHER'S MAIDEN NAME Carolyn Neun		14. NAME OF HUSBAND OR WIFE J. Waldon Hargate Sr.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. Waldon Hargate Sr. 7345 LaVeta R. H.			
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
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach	ANTECEDENT CAUSES				3 hrs or longer
DUE TO (b) Carcinoma of Stomach & Ovary	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				10 mos
DUE TO (c)	II. OTHER SIGNIFICANT CONDITIONS				
	Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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)	1991		
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?			
22. I hereby certify that I attended the deceased from 6/4/48 , 19___, to 9/8/53 , 19___, that I last saw the deceased alive on 9/8/53 , 19___, and that death occurred at 1:30 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE Daniel L. Heston, M.D. (Degree or title)			23b. ADDRESS University Club Bldg		23c. DATE SIGNED 9/9/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/11/53	24c. NAME OF CEMETERY OR CREMATORY Hiram Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Missouri		
DATE REC'D BY LOCAL REG. 9/11/53	REGISTRAR'S SIGNATURE Herbert B. Tomke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary 6633 Clayton Road		

(Licensed Embalmer's Statement on Reverse Side)

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 _____

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Ernest W. Spillers*

Licensed Embalmer No. *4080*

P. O. Address.....

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.