

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40380

FILED NOV 27 1953

State File No. 10922  
Registrar's No. 10922

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10922		Registrar's No. 10922			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY							
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 3-WKS.		c. CITY OR TOWN St. Louis		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 Incarnate Word Hospital				e. STREET ADDRESS (If rural, give location) 19 325 North Newstead Ave.							
3. NAME OF DECEASED (Type or Print) Rebecca			a. (First)			b. (Middle) Donahue			c. (Last)		
4. DATE OF DEATH Nov. 16, 1953			5. SEX F			6. COLOR OR RACE W.			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		
8. DATE OF BIRTH Feb. 7, 1879			9. AGE (In years last birthday) 74			10. MONTHS 9			11. DAYS 8		
12. CITIZEN OF WHAT COUNTRY? U.S.			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator - Frank-Meyer Tie Co.			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		
13a. FATHER'S NAME Unk. Donahue			13b. MOTHER'S MAIDEN NAME Unk. Unk.			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) no			16. SOCIAL SECURITY NO. not known			17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Doswald, 410 W. Madison St. ADDRESS Kirkwood, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis of liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized carcinomatosis DUE TO (c) Carcinoma of breast, right II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Incarcerated femoral hernia						INTERVAL BETWEEN ONSET AND DEATH 2 weeks 6 months 1 years		
19a. DATE OF OPERATION Nov. 7, 1953			19b. MAJOR FINDINGS OF OPERATION Carcinomatosis of liver						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)			21f. HOW DID INJURY OCCUR? 170X		
21d. TIME OF INJURY			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			22. I hereby certify that I attended the deceased from Nov. 15, 1953, to Nov. 16, 1953, and that death occurred at 8:55 a.m., from the causes and on the date stated above.					
23a. SIGNATURE Charles S. Shewin M.D.			23b. ADDRESS 3720 Washington Blvd.			23c. DATE SIGNED 11-17-53					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE Nov. 19, 1953			24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. NOV 17 1953			REGISTRAR'S SIGNATURE Charles Smith			25. FUNERAL DIRECTOR'S SIGNATURE J. Donnelly			ADDRESS 3840 Lindell Blvd.		

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 *Francis Williamson*

Licensed Embalmer No. *3565*

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.