

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40664

State File No. ....

10490

Registrar's No. ....

FILED NOV 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place) <b>12 Days.</b>	c. CITY OR TOWN <b>Wentzville.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>0920</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Dina</b>	b. (Middle) <b>R.</b>	c. (Last) <b>Justus.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 3, 1953.</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Apr. 22, 1883.</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner Rooming House</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Owner</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Wentzville, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Charles T. Richards</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Givins</b>	14. NAME OF HUSBAND OR WIFE <b>Fred Justus.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>Nil.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dorothy Hagen</b>	ADDRESS <b>Wentzville, Missouri</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic carcinoma of liver and pleural cavities</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of breast (postoperative)</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <b>7-26-50</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of breast, right.</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>SS. UU</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>C.</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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? <b>170A</b>
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22. I hereby certify that I attended the deceased from **Oct. 20, 1953**, to **Nov. 3, 1953**, that I last saw the deceased alive on **Nov. 2, 1953**, and that death occurred at **12.05P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Charles S. Shewin, M.D.</b> (Degree or title)	23b. ADDRESS <b>3720 Washington Blvd.</b>	23c. DATE SIGNED <b>Nov. 4, '53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11-3-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Linn, Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Wentzville, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>NOV 4 1953</b>	REGISTRAR'S SIGNATURE <b>Carl Smith mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	ADDRESS <b>4700 Washington.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
V. 10.48

DEC 31 1953

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 *G. W. Wilkinson*

Licensed Embalmer No. *357*

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.