

FILED NOV 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41421

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10522

1. PLACE OF DEATH a. COUNTY			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 St. Louis		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston 4301		d. STREET ADDRESS (If rural, give location) 6405 Ridge Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo. Baspt. Hospt						
3. NAME OF DECEASED (Type or Print) a. (First) Henrietta b. (Middle) c. (Last) Wray			4. DATE OF DEATH (Month) (Day) (Year) 11/4/53			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/22/1895	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Willers		13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND OR WIFE Ruby L. Wray		
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby L. Wray 6405 Ridge Ave.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>for advanced cancer of ovary with metastases forward to lungs Right</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 8 months	
19a. DATE OF OPERATION June 3, 1953	19b. MAJOR FINDINGS OF OPERATION <i>carcinoma of Right ovary metastases</i>					
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)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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? 175X			
22. I hereby certify that I attended the deceased from <i>May 19, 1953</i> , to <i>Nov 4, 1953</i> , that I last saw the deceased alive on <i>Nov 3, 1953</i> and that death occurred at <i>1:45 a. m.</i> , from the causes and on the date stated above.						
23a. SIGNATURE <i>D. J. Verba M.D.</i>			23b. ADDRESS <i>4800 Olive St.</i>		23c. DATE SIGNED <i>11-5-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE <i>11/6/53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Laurel Hill Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co.; Mo.</i>		
DATE REC'D BY LOCAL REGISTRY NOV 6 1953		REGISTRAR'S SIGNATURE <i>J. Charles Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. Clark 1125 Hodiamont Ave.</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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.

Student Embalmer No.

Signed

Alfred J. Boedelson

Signed.....
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Hedimant

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.