V. S. No. 300
Rev. 10-48

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# STANDARD CERTIFICATE OF DEATH

State File No. 44240
Registrar's No. 11683

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo.
c. LENGTH OF STAY (In this place): 10 yrs. +.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Firmin Desloge Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: —
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 5150 Lotus 2069

**3. NAME OF DECEASED** (Type or Print)
a. (First): Nancy
b. (Middle): Temple
c. (Last): Harper

**4. DATE OF DEATH** (Month) (Day) (Year): 12/8/53

**5. SEX**: F
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: JUNE 11-1888
**9. AGE** (In years last birthday): 65
IF UNDER 1 YEAR: Months 1 Days — IF UNDER 24 HRS.: Hours — Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): at home
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (City and State or Foreign Country): Doe Run, MO
**12. CITIZEN OF WHAT COUNTRY?**: USA.

**13a. FATHER'S NAME**: Joseph STARK
**13b. MOTHER'S MAIDEN NAME**: FRANCES ELDER
**14. NAME OF HUSBAND OR WIFE**: ROSS HARPER

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: George Gantner M.D. Firmin Desloge Hosp.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

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.* Metastases to liver, etc.

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☑ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): No
**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 171X

22. *I hereby certify that I attended the deceased from* 10/1, 1953, *to* 12/8, 1953, *that I last saw the deceased alive on* 12/8, 1953, *and that death occurred at* 855 *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): George E. Gantner Jr. M.D.
**23b. ADDRESS**: 6641 Pershing, University City
**23c. DATE SIGNED**: 12/9/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 12-12-53
**24c. NAME OF CEMETERY OR CREMATORY**: MEMORIAL PARK
**24d. LOCATION** (City, town, or county) (State): ST. LOUIS CO. MO

DATE REC'D BY LOCAL REG. DEC 10 1953
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: STROOT-CARROLL 4600 Nat. Bridge
(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 embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M. W. Ruiter

Licensed Embalmer No. 4865

P. O. Address St. Louis Mo.

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.