

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

10703

State File No.

No. 300
10-48

BIRTH FILED **APR 7 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **690**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY Saint Louis	b. CITY (If outside corporate limits, write RURAL and give township) Florissant	a. STATE Missouri	b. COUNTY St. Louis,
c. LENGTH OF STAY (in this place) 7 Years		c. CITY OR TOWN Florissant	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 13 N. Duchesne		e. STREET ADDRESS (If rural, give location) 13 N. Duchesne	

3. NAME OF DECEASED (Type or Print) VIOLET	a. (First) B.	b. (Middle) NORTHCUTT	c. (Last) NORTHCUTT	4. DATE OF DEATH (Month) (Day) (Year) March 15th, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 11th, 1920	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months Days	IF UNDER 48 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Buschen	13b. MOTHER'S MAIDEN NAME Etta Schmidt	14. NAME OF HUSBAND OR WIFE Allen E. Northcutt,
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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 Allen E. Northcutt, 13 N. Duchesne, Floriss	ADDRESS No
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Carcinoma Gall bladder		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 155X			

19a. DATE OF OPERATION Aug 53	19b. MAJOR FINDINGS OF OPERATION Carcinoma Gall Bladder metastatic	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan, 1950, to Mar 15, 1954, that I last saw the deceased alive on Mar 9, 1954, and that death occurred at 2:45P m., from the causes and on the date stated above.

23a. SIGNATURE John F. Phauer (Degree or title) MD	23b. ADDRESS 3720 Washington	23c. DATE SIGNED Mar 16/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/19/54	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. 3/18/54	REGISTRAR'S SIGNATURE Herbert K. Somke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FRUTZ	ADDRESS 4828 Natural Bridge Blvd. FUNERAL HOME, INC., St. Louis, 15, Missouri
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

Hours 1:30 P. M. to 3:30PM
Daily except Wednesdays

File in County

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..... *Ralph C. Zinders*

Licensed Embalmer No... 427

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.