

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17231

4261

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>22490</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2027 Utah, s Maternity</u>				d. STREET ADDRESS (If rural, give location) <u>24 2027 Utah Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mae</u>			b. (Middle) <u>Mayberry</u>			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 10 54</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>June 25, 1912</u>		9. AGE (In years by birthday) <u>41</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pickle Packer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marlton, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Louis Fritz</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Mayham</u>		14. NAME OF HUSBAND OR WIFE <u>Robert</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>Yes 499245205</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Terry Guffey, 2027 Utah, St. Louis, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of cervix uteri</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastases to liver</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____					INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u>
19b. MAJOR FINDINGS OF OPERATION _____		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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>171X</u>	
22. I hereby certify that I attended the deceased from <u>March 24, 1954</u> , to <u>April 30, 1954</u> , that I last saw the deceased alive on <u>4-30, 1954</u> and that death occurred at <u>2:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Alfred J. Sherman M.D.</u>				23b. ADDRESS <u>6303 Kuyshy Highway</u>		23c. DATE SIGNED <u>5-11-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-12-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kinder</u>		24d. LOCATION (City, town, or county) (State) <u>Cuba, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>MAY 11 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McLaughlin Funeral Home, St. Louis, Mo.</u>			

(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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James R. Chapman

Licensed Embalmer No. 45-50

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 this body is not embalmed, fact should be so stated above.