

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17441**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **1207**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. CITY OR TOWN Richmond Heights	
c. LENGTH OF STAY (In this place) Life		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mary La Vale Ave		e. STREET ADDRESS (If rural, give location) 1121 Yale Ave	

3. NAME OF DECEASED a. (First) Mary La b. (Middle) FAUCE c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) May 22, 1954		
5. SEX Female	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH April 19, 1905	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 1 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife, At Home		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Henry Thierman		13b. MOTHER'S MAIDEN NAME Mary Sullivan		14. NAME OF HUSBAND OR WIFE Mr. Leo P. Lafauce	
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 Mr. Leo P. Lafauce, 1121 Yale Ave. R.H.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General abdominal carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adeno-carcinoma of ovary			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 175X			

19a. DATE OF OPERATION 10/13/53		19b. MAJOR FINDINGS OF OPERATION Large adeno-carcinoma of ovary, and multiple metastatic implants		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? _____	

22. I hereby certify that I attended the deceased from **10/2, 1953**, to **5/22, 1954**, that I last saw the deceased alive on **5/20, 1954**, and that death occurred at **10:35 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ernest H. Security, M.D.		23b. ADDRESS 16 Hampton Village Plaza		23c. DATE SIGNED 5/22/54	
24a. BURIAL _____		24b. DATE May 26, 1954		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	

DATE REC'D BY LOCAL REG. 5-24-54		REGISTRAR'S SIGNATURE Herbert R. Domb		FEDERAL DIRECTOR'S SIGNATURE ADDRESS 3840 Lindell Blvd.	
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(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.....
Signature of Student Embalmer

Signed *Francis Williams*.....

Licensed Embalmer No. *35*.....

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.