

32097

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

7954

FILED SEP 16 1954

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
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 OR TOWN <u>St. Louis, Missouri</u> township) _____		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>St. Louis, Mo.</u>		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 <u>3128<sup>a</sup> Arsenal</u>				e. STREET ADDRESS (If rural, give location) <u>3128 a Arsenal</u> <u>2169<sup>o</sup></u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARJORIE</u> b. (Middle) <u>JOSEPHINE</u> c. (Last) <u>PINSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 25, 1954</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>November 4, 1906</u>	
9. AGE (In years last birthday) <u>47</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Theodore Enthofen</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Noack</u>		14. NAME OF HUSBAND OR WIFE <u>William Roy Pinson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. Roy Pinson, 3128a Arsenal, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GENERALIZED METASTATIC CARCINOMA</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>CARCINOMA OF COLON</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8 mos</u>  <u>8 mos</u>
19a. DATE OF OPERATION <u>JAN. 11, 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF COLON MISSOURI BAPTIST HOSPITAL</u>					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>153x</u>					
22. I hereby certify that I attended the deceased from <u>JAN. 11, 1954</u> to <u>AUG. 25, 1954</u> , that I last saw the deceased alive on <u>AUG. 25, 1954</u> , and that death occurred at <u>1:55 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert A. Hall M.D.</u>			23b. ADDRESS <u>3902 LAFAYETTE ST. LOUIS, MO.</u>		23c. DATE SIGNED <u>AUG. 27, 1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-28-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>AUG 27 1954</u>		REGISTRAR'S SIGNATURE <u>J. Care Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McLaughlin Funeral Home, Inc. 2301 Lafayette, 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.....  
Signature of Student Embalmer

Signed *James R. Chapman*

Licensed Embalmer No. *45*

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.