

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32401

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2124</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>4 wks</u>		c. CITY OR TOWN <u>Berkley</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>C. Kasp.</u>				STREET ADDRESS (If rural, give location) <u>8635 Graham Lane</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pauline</u>		b. (Middle)		c. (Last) <u>Cook</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-3-54</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>Feb. 13, 1918</u>		9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Francois Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jess M. McClain</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha McGraw</u>		14. NAME OF HUSBAND OR WIFE <u>Wilson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alice Underwood 8635 Graham Lane Berkley</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>Pulmonary atelectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of cervix</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hydro-ureter + pyelonephritis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> <u>+ 1 yr.</u> <u>—</u>	
19a. DATE OF OPERATION <u>8/30/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma involving entire pelvis 171X</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 <u>8-18, 1954</u> , to <u>9-3, 1954</u> , that I last saw the deceased alive on <u>9-3, 1954</u> , and that death occurred at <u>6:15</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter S. Nixon M.D.</u>				23b. ADDRESS <u>601 S. Brentwood</u>		23c. DATE SIGNED <u>9/4/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 7, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>1215 Lemay Ferry Road</u>			
DATE REC'D BY LOCAL REG. <u>9/7/54</u>	REGISTRAR'S SIGNATURE <u>Robert R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister U.&L.Co.</u>		ADDRESS <u>7814 S. Broadway</u>		

✓ 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.....

Harry J. Schumacher
Licensed Embalmer No. 2679

P. O. Address 7874 S. Duane

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.