

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32536

FILED OCT 14 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2299

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rock Hill Mo</u>		c. CITY OR TOWN <u>Rock Hill Mo</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <u>30 days</u>		e. STREET ADDRESS (If rural, give location) <u>1101 Bellevue Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hosp</u>			

3. NAME OF DECEASED (Type or Print) <u>ELIZABETH WILAMINA HABERSTOCK</u>			4. DATE OF DEATH <u>SEPT 29 1954</u> (Month) (Day) (Year)		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Jan 21-1896</u>		9. AGE (Last birthday) <u>58</u> If under 1 year: Months <u>8</u> Days <u>8</u> Hours <u>8</u> 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>Herrmann Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Henry Free</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Uphoff</u>		14. NAME OF HUSBAND OR WIFE <u>Louis Haberstock</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Geo Murphy Gotham Kane</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 years</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 the left breast</u> DUE TO (c) <u>Cardiovascular disease</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NO</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MOX</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 11-12-52, 1952, to 9-29-54, 1954, that I last saw the deceased alive on 9-28-54, 1954, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James W. Murphy</u>		23b. ADDRESS <u>Missouri Theatre Bldg.</u>		23c. DATE SIGNED <u>9-30-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct 1-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St George Cem</u>	
				24d. LOCATION (City, town, or county) (State) <u>Herrmann Mo</u>	

DATE REC'D BY LOCAL REG. <u>9/30/54</u>		REGISTRAR'S SIGNATURE <u>Richard R. Smith</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. M. Dockery 6526 Clayton Rd</u>	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

ELIZABETH J. ...
FEB 7 1955

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.....
W. Wilkinson

Licensed Embalmer No. 35

P. O. Address *H. Penn*

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.

W. Wilkinson