

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42504**
Registrar's No. **10708**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10708		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis 0		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hospital				STREET ADDRESS (If rural, give location) 19 3971 Delmer				
3. NAME OF DECEASED (Type or Print) Rebecca			a. (First)		b. (Middle)		c. (Last) Jones	
4. DATE OF DEATH (Month) (Day) (Year) 11-18-54		5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH May 3, 1915		9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Pine Bluff, Ark /		
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME John Dudley		13b. MOTHER'S MAIDEN NAME Bernice Cain		
14. NAME OF HUSBAND OR WIFE -----				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. Unknown		
17. INFORMANT'S SIGNATURE OR NAME John Dudley 4117 Enright Apt 6				ADDRESS				
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) Carcinoma of Pancreas ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with metastasis to DUE TO (c) peritoneum and heart.				INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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? 157X				
22. I hereby certify that I attended the deceased from 19P , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:55 m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Patrick J. Taylor Carver				23b. ADDRESS 1200 Clark		23c. DATE SIGNED 11-24-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/24/54		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetary		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL REG. NOV 24 1954		REGISTRAR'S SIGNATURE W. G. Wade		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Granberry 4202 Finney Ave				

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.. *Melvin E. Green*

Licensed Embalmer No. *446*

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.