

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42579

State File No. _____

FILED DEC 17 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11314

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hosp.</u>		e. STREET ADDRESS <u>5020 Christy</u>		f. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSE</u>		b. (Middle)		c. (Last) <u>Loud</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 10 1954</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Mar 22, 1879</u>		9. AGE (in years last birthday) <u>75</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Louisiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>August Marchleski</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Gajeski</u>	
14. NAME OF HUSBAND OR WIFE <u>deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Harry Loud</u>		ADDRESS <u>5020 Christy</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>Generalized Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mos.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>toxic primary site</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>Not known probably uterine or ovarian</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</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>174X</u>	

22. I hereby certify that I attended the deceased from 12-7-54, 1954, to 12-10-54, 1954, that I last saw the deceased alive on 12-10-54, 1954, and that death occurred at 6:00 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert H. Smith</u>		(Degree or title)		23b. ADDRESS <u>1515 LAFAYETTE</u>	
23c. DATE SIGNED <u>12-10-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12/13/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis County Mo</u>			

DATE REC'D BY LOCAL REG. <u>DEC 13 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J L Ziegenhein & Sons</u>	
				ADDRESS <u>7027 Gravois</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.....
B. P. Kidwell

Licensed Embalmer No. *387*

P. O. Address *7027 Grass*

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.