

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 43707
11778

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) 23 days		c. CITY OR TOWN Pevely		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lutheran Hospital				e. STREET ADDRESS (If rural, give location) 0500					
3. NAME OF DECEASED (Type or Print) a. (First) DORIS			b. (Middle)		c. (Last) JEUDE		4. DATE OF DEATH (Month) (Day) (Year) 12-26-54		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 9-6-1932		9. AGE (In years last birthday) 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) addressograph oper.		10b. KIND OF BUSINESS OR INDUSTRY Multigraph Co.		11. BIRTHPLACE (City and State or Foreign Country) Barnhardt Mo. 0			12. COUNTRY OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Leo Held			13b. MOTHER'S MAIDEN NAME Sophie Heiner			14. NAME OF HUSBAND OR WIFE William A. Jeude			
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 ADDRESS William Jeude, Pevely, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carcinoma of ovary						INTERVAL BETWEEN ONSET AND DEATH 4 months	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastasis - 10h							
		DUE TO (c)							
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)		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? 175X					
22. I hereby certify that I attended the deceased from Aug 19 54, to Dec 1954, that I last saw the deceased alive on 12-25-54, 1954, and that death occurred at 5:20p.m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Walter Schubert MD</i>				23b. ADDRESS 3108 S. Grand		23c. DATE SIGNED 12-26-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-26-54		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Imperial, Mo.			
DATE REC'D BY LOCAL REG. DEC 27 1954		REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heilitag, Imperial, Mo.				

(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 *Ronald O Yahn*.....

Licensed Embalmer No. *29*.....

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.