

FILED FEB 2 - 1955

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Registrar's No. **0449**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 3096	
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) OR TOWN St. Louis, Mo.		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 ST. LOUIS CITY HOSPITAL 4L				STREET ADDRESS (If rural, give location) 26 2604a Blair			
3. NAME OF DECEASED (Type or Print) a. (First) EMILY		b. (Middle) F.		c. (Last) SHOULTS		4. DATE OF DEATH (Month) (Day) (Year) 1 15 55	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 24, 1901		9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days Hours Min. 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Alton, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Kummer		13b. MOTHER'S MAIDEN NAME Louise Hartmann		14. NAME OF HUSBAND OR WIFE Chester Shoults			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 492-05-4042		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Doris Glore 2604a Blair Ave.			
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) Carcinomatosis							
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma cervix uteri 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 11-5-54		19b. MAJOR FINDINGS OF OPERATION metastatic carcinoma of cervix uteri				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 171X			
22. I hereby certify that I attended the deceased from 12-9 , 19 54 , to 1-15 , 19 55 , that I last saw the deceased alive on 1-15 , 19 55 , and that death occurred at 10:40 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Weyail Be Stelle, M.D.				23b. ADDRESS Medical Director 1515 Lafayette Ave.		23c. DATE SIGNED 1-17-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1-18-55	24c. NAME OF CEMETERY OR CREMATORY Alton Cemetery		24d. LOCATION (City, town, or county) (State) Alton, Illinois		
DATE REC'D BY LOCAL REG. JAN 17 1955		REGISTRAR'S SIGNATURE Charles Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE L.B. Tanner		ADDRESS 6107 Natural Bridge	

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..... *John J. Harris*
Licensed Embalmer No. *410*

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.