

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6121**
0945

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 COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) 9 Days		c. CITY OR TOWN Bridgeton Tr. 1		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				STREET ADDRESS (If rural, give location) #2 St. Rita Lane					
3. NAME OF DECEASED (Type or Print) a. (First) Irene			b. (Middle) V.		c. (Last) Earle		4. DATE OF DEATH (Month) (Day) (Year) Jan 31, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Jan 13, 1893			
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months _____		IF UNDER 2 HRS. Days _____		Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Attendant			10b. KIND OF BUSINESS OR INDUSTRY Hospital		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME William Buggy			13b. MOTHER'S MAIDEN NAME Bridget Burke			14. NAME OF HUSBAND OR WIFE The Late Cornell Earle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 499-34-5693		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Corinne Taylor #2 St. Rita Lane					
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of ovary				MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 mo	
ANTECEDENT CAUSES		DUE TO (b) _____				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 5-14-54		19b. MAJOR FINDINGS OF OPERATION Carcinoma of ovary				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? 175X					
22. I hereby certify that I attended the deceased from 5-14-54 , 19 54 to 1-31-55 , 19 55 , that I last saw the deceased alive on 1-31, 1955 , and that death occurred at 5 P m., from the causes and on the date stated above.									
23a. SIGNATURE E. H. Bowden M.D. (Degree or title)				23b. ADDRESS 6349 Grand		23c. DATE SIGNED 2-1-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 3 1955		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. FEB 1 1955		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Collier Mortuary 10123 St. Chas Rd.					

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 *V E Morris*.....

Licensed Embalmer No. *736*

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.