

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28454

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 2039			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (In this place) 7 wks		c. CITY OR TOWN Maplewood		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. Mary's Hospital				e. STREET ADDRESS (If rural, give location) 7655 Flora Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Delpha			b. (Middle) Gladys		c. (Last) McCallister		4. DATE OF DEATH (Month) (Day) (Year) Aug. 30th 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 12th 1907		9. AGE (In years last birthday) 48	If UNDER 1 YEAR Days 6	If UNDER 24 HRS. Hours 18	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Hurricane West Virginia		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Francis Pierce			13b. MOTHER'S MAIDEN NAME Margaret Phelps		14. NAME OF HUSBAND/OR WIFE Fred McCallister				
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. None		17. INFORMANT'S SIGNATURE OR NAME Fred McCallister		ADDRESS Above			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Intestinal Obstruction</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>adenocarcinoma of ovary</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 175X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>at home</i>		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?					
22. I hereby certify that I attended the deceased from <i>May 13, 1955</i> , to <i>Aug 30, 1955</i> , that I last saw the deceased alive on <i>Aug 30, 1955</i> , and that death occurred at <i>4:45 P.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>J. G. Thomas, M.D.</i>				23b. ADDRESS <i>3915 Watson Rd, St. Louis</i>		23c. DATE SIGNED <i>Aug 31, 55</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-1-55	24c. NAME OF CEMETERY OR CREMATORY Not Known		24d. LOCATION (City, town, or county) (State) Hurricane, West Virginia				
DATE REC'D BY LOCAL REG. 8/31/55		REGISTRAR'S SIGNATURE <i>Herbert R. Dondos</i>		25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH, Maplewood, Mo.		ADDRESS			

S.G. (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..... *H. E. Burgess*

Licensed Embalmer No. *402*

P. O. Address *Maplewood*

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.