

FILED APR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14628

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3310

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>4041 Berkeley City</i>	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 <i>DePaul Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>6621 Thurston Ave.</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Elizabeth</i>	b. (Middle)	c. (Last) <i>Hill</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>March 31 1956</i>
--	-------------	-----------------------	---

5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept. 15 1874</i>	9. AGE (In years last birthday) <i>81</i>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
-------------------------	----------------------------------	--	--	--	---------------------------	-------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Scott County Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
---	-----------------------------------	---	---

13a. FATHER'S NAME <i>William P. Glasscock</i>	13b. MOTHER'S MAIDEN NAME <i>Mildred Stone</i>	14. NAME OF HUSBAND OR WIFE <i>Deceased</i>
---	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Evelyn Hosty</i>	ADDRESS <i>6621 Thurston Ave.</i>
---	--	--	--------------------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>One year 1 yr</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of abdomen</i> <i>Carcinomatosis, abdomen</i>	DUE TO (b) <i>Carcinoma, Cecum</i> <i>Carcinoma, cecum</i>	
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>153x</i>		

19a. DATE OF OPERATION <i>Dec. 1955</i>	19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Cecum with gen. metastases</i> <i>Carcinoma of Cecum w/ generalized metastases</i>	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) 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 *Dec 10 1955* to *March 31 1956*, that I last saw the deceased alive on *March 31 1956* and that death occurred at *1:55 AM* from the causes and on the date stated above.

23a. SIGNATURE <i>G. A. Carroll, Jr. / Sustantante</i> <i>Dr. G. A. Carroll / Sustantante M.D.</i>	23b. ADDRESS <i>2415 N. Kingshighway</i> <i>2415 N. Kingshighway</i>	23c. DATE SIGNED <i>4-2-56</i>
--	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>4/3/56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>
--	----------------------------	---	---

DATE REC'D BY LOCAL REG. <i>APR 2 1956</i>	REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Sullivan's</i>	ADDRESS <i>2849 No. Euclid Ave.</i>
---	---	---	--

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 *Albert Mayfield*.....
Licensed Embalmer No. *307*.....
P. O. Address *W. L. ...*.....

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.