0.300
0.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15053

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 835

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Kirkwood 4008 C
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 444 W. Big Bend Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): ELLA
b. (Middle): PATRICIA
c. (Last): HEWITT

4. DATE OF DEATH (Month) (Day) (Year): April 9, 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 8, 1893
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 7, Days 1 — IF UNDER 24 HRS.: Hours, 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): St. Louis, Mo. C
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Patrick Gegan
13b. MOTHER'S MAIDEN NAME: Mary Schnurr
14. NAME OF HUSBAND OR WIFE: John Hewitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-26-0513
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: John Hewitt, 444 W. Big Bend, Kirkwood, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) Carcinoma of gall bladder — 4 months

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. bronchophemmonia 155X — 7 days

19a. DATE OF OPERATION: 12-5-55
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of gall bladder with metastatic involvement of the liver, & reginal nodes.
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 30, 1954, *to* Apr. 9, 1956, *that I last saw the deceased alive on* Apr. 9, 1956, *and that death occurred at* 11:30pm *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Philip P. Doisy, M. D.
23b. ADDRESS: 714 So. Kirkwood Road, Kirkwood, Mo.
23c. DATE SIGNED: 4-11-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/12/56
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: 4-11-56
REGISTRAR'S SIGNATURE: Richard R. Donk M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Louis H. Bopp Inc. Kirkwood Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Felix Durand.....

Licensed Embalmer No..303

P. O. Address..Kirkw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.