

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17714**

**318**

**1003**

Registrar's No. **4900**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. <b>17714</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town) <b>St Louis</b>		c. LENGTH OF STAY (in this place) <b>2 yrs.</b>		c. CITY OR TOWN <b>St Louis</b>		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 <b>3704 Fairview</b>				e. STREET ADDRESS (If rural, give location) <b>16 3704 Fairview</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Diza</b>		b. (Middle) _____		c. (Last) <b>Corgan</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 19, 1956</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>		8. DATE OF BIRTH <b>Oct 7, 1877</b>		
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Murphysboro, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Frank Hamilton</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Murphy</b>			14. NAME OF HUSBAND OR WIFE <b>deceased</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Norma V Corgan 3704 Fairview</b>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p align="center">I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Abdominal carcinomatosis, primary site unknown of primary unknown</b></p> <p align="center">ANTECEDENT CAUSES <b>site unknown of primary unknown</b></p> <p align="center">DUE TO (b) _____</p> <p align="center">DUE TO (c) <b>Gen. arteriosclerosis</b></p> <p align="center">DUE TO (d) <b>Generalized Arteriosclerosis</b></p> <p align="center">II. OTHER SIGNIFICANT CONDITIONS _____</p>				INTERVAL BETWEEN ONSET AND DEATH <b>9 mo.</b>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? _____				
22. I hereby certify that I attended the deceased from <b>7-74</b> , <b>1947</b> , to <b>5-19</b> , <b>1956</b> , that I last saw the deceased alive on <b>5-3</b> , <b>1956</b> , and that death occurred at <b>1:10 P m.</b> , from the causes and on the date stated above. <b>5-21-56</b>								
23a. SIGNATURE <b>C.M. Charles</b>				(Degree or title) _____		23b. ADDRESS <b>110 S. Central, Clayton Mo</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>				24b. DATE <b>5/22/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>		
24d. LOCATION (City, town, or county) <b>St Louis County Mo.</b>				24e. (State) _____				
DATE REC'D BY LOCAL REG. <b>MAY 21 1956</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>L Ziegenhein &amp; Sons 7027 Gravois</b>				

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

(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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student .....

Signature of Student Embalmer

Signed .....

*Donald E. Bering*

Licensed Embalmer No. 486

P. O. Address 7027 Broad

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.