

Health,
Welfare
Public
Service

300
1-36

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Wm Mac Donald
FILED SEP 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32666

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1904

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis							
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN Richmond Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp			Length of stay in 1b 3 mpnths		d. STREET ADDRESS (If outside, give location) 7021 Berthold Ave.			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First GENEVIEVE Middle ELIZABETH Last TEHAN				4. DATE OF DEATH Month Aug. Day 6th Year 1956							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 25-1892		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 3 Days 17 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Service			10b. KIND OF BUSINESS OR INDUSTRY U.S. Record Cen.		11. BIRTHPLACE (City and state or country) Moberly, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Richard Noonan				14. MOTHER'S MAIDEN NAME Genevieve Lombard							
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 Genevieve Tehan Address 7021 Berthold Ave.						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE-CAUSE (a) Carcinomatosis								INTERVAL BETWEEN ONSET AND DEATH 1 yr.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Carcinoma of breast						2 yr.			
		DUE TO (c) 170X									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from Sept. 1955 , to Aug 6, 1956 and last saw her alive on Aug 6, 1956 . Death occurred at 9:35 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Wm. C. Mac Donald MD				22b. ADDRESS 539 N. Grand				22c. DATE SIGNED 8-8-56			
23a. BURIAL, CREMATION, OR OTHER DISPOSITION Calvary		23b. DATE Aug. 9 1956		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			23d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
24. FUNERAL DIRECTOR A.H. Bocklage ADDRESS 6536 Clayton Rd.				25. DATE RECD. BY LOCAL REG. 8-8-56		26. REGISTRAR'S SIGNATURE Herbert B. Douke MD					

(Licensed Embalmer's Statement on Reverse Side)

24.

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 *John S. Dennis*.....

Licensed Embalmer No. *419*.....

P. O. Address *St. Louis*.....

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