FILED DEC 6 - 1956

# STANDARD CERTIFICATE OF DEATH

State File No. 40082

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 344 Registrar's No. 2723

**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): 8 MO

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hosp

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).

a. STATE: MISSOURI b. COUNTY: ST. LOUIS

c. CITY OR TOWN: JENNINGS 4141A

d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]

e. STREET ADDRESS (If rural, give location): 5608a Sunbury

**3. NAME OF DECEASED** (Type or Print): a. (First) Mae b. (Middle) K c. (Last) Maginity

4. DATE OF DEATH (Month) (Day) (Year): 11-19-56

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 5-5-1881

9. AGE (In years last birthday): 75 | 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): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (City and State or Foreign Country): INDIANA

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John W Fry

13b. MOTHER'S MAIDEN NAME: (Hnk) Cecil

14. NAME OF HUSBAND OR WIFE: Robert C

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.: None

17. INFORMANT'S SIGNATURE OR NAME: F E Maginity ADDRESS: 7738 Mitchell Blvd

**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) Carcinoma of cervix with metastasis — INTERVAL BETWEEN ONSET AND DEATH: 8 mon

ANTECEDENT CAUSES

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

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.* Rheumatoid arthritis

19a. DATE OF OPERATION: 3-21-56

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of cervix for advanced 171 X

20. AUTOPSY? YES [ ] NO [X]

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* 3-17, 1956, *to* 11-18, 1956, *that I last saw the deceased alive on* 11-18, 1956 *and that death occurred at* 6:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lloyd S. Rolufs (Degree or title) M.D.

23b. ADDRESS: 109 N. Taylor Kirkwood 22, Mo

23c. DATE SIGNED: 11-19-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-21-56

24c. NAME OF CEMETERY OR CREMATORY: Memorial Park

24d. LOCATION (City, town, or county) (State): St Louis Co, Mo

DATE REC'D BY LOCAL REG.: 11-19-56

REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE: Akron Lyt Co ADDRESS: 2707 N Grand

(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 embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Herbert J. Gau Jr.

Licensed Embalmer No. 98 0.0

P. O. Address Richmond 22,

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