

Health,
Welfare
Public
Service

300
-56

ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40193

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2674

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Allenton</u>		c. CITY OR TOWN <u>Allenton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>Box 35</u>		d. STREET ADDRESS <u>Box 35</u> (If outside, give location)	
Length of stay in 1b <u>years</u>		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>MARY</u> Middle <u>LOUISE</u> Last <u>LEONARD</u>			Month <u>11</u> Day <u>10</u> Year <u>56</u>		
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR
<u>Female</u>	<u>white</u>	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	<u>8-9-1883</u>	<u>73</u>	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
<u>housewife</u>		<u>at home</u>		<u>Ripley Co., Mo.</u>	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
<u>John Smith</u>			<u>Lena Postum</u>		
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.		17. INFORMANT Address	
<u>no</u>		<u>none</u>		<u>Leroy Leonard, Allenton, Mo.</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CANCER OF the Stomach,</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
DUE TO (b) <u>& Metastasis to all neighboring organs -</u>		
DUE TO (c) <u>151X</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE-CONDITION GIVEN IN PART I (a) <u>1949. pt had hysterectomy and was found to be cancerous</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Month, Day, Year a. m. 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 <u>11/4/56</u> to <u>11/10/56</u> and last saw her <u>her</u> alive on <u>11/10/56</u> . Death occurred at <u>4:45 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>St. Aker MD</u>		22b. ADDRESS <u>Pacific Mo</u>	22c. DATE SIGNED <u>11/11/56</u>

23. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (Style)
<u>Removal</u>	<u>11-12-56</u>	<u>St. Matthews Cemetery</u>	<u>St. Louis, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<u>Rowland-Aker, 4104 Manchester ave.</u>		<u>11-12-56</u>	<u>Herbert A. Donke MD</u>

(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 *V. E. Morris*.....

Licensed Embalmer No. *33*

P. O. Address *H. Lane*

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