THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 42544

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 20

FILED DEC 24 1956

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Charles — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph's Hospital — Length of stay in 1b: 11 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Warrenton
c. CITY OR TOWN: Wright City 1090 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 1 Box 51 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First FRANCES Middle PEARL Last FINE

4. DATE OF DEATH: Month Dec Day 15 Year 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 13, 1909
9. AGE (In years last birthday): 47 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Pine Bluff, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph L. Mayer
14. MOTHER'S MAIDEN NAME: Martha Ann Willard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 488-10-8726
17. INFORMANT: Melsor J. Fine, Address: Wright City, Missouri.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Melanosarcoma generalized — INTERVAL BETWEEN ONSET AND DEATH: ? 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Intestinal obstruction see to ① — 1 week
DUE TO (c) Uremia see to ① — 1 week

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 190X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan 9, 1954, to Dec 15, 1956 and last saw her alive on Dec 15, 1956. Death occurred at 5:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Russell Henderson M.D.
22b. ADDRESS: St Charles, Mo.
22c. DATE SIGNED: Dec 15-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Dec 18, 1956
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri.

24. FUNERAL DIRECTOR: Shepard Funeral Home, ADDRESS: 1167 Hamilton Ave St Louis Missouri
25. DATE RECD. BY LOCAL REG.: Dec 16 1956
26. REGISTRAR'S SIGNATURE: Fannie Hamilton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley H. Di

Licensed Embalmer No. 4

P. O. Address St. L

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.