

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42858

STATE FILE NUMBER 10697

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Old Mines	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If outside, give location) Route 1	
3. NAME OF DECEASED (Type or print) First Middle Last Mary T. Coleman		4. DATE OF DEATH Month Day Year Nov. 21, 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 May 15, 1890
9. AGE (In years last birthday) 66		10. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Old Mines
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Joseph Bequette		14. MOTHER'S MAIDEN NAME Unknown	
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 James Coleman, 6904 Wise Ave.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of gall bladder - metastases to liver + nodes of porta hepatis + regional nodes</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (1) <i>Chronic cholelithiasis, Liver abscesses, Arteriosclerotic heart disease</i>			INTERVAL BETWEEN ONSET AND DEATH 5 months
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) N/A	
20c. TIME OF INJURY Hour a. m. p. m. N/A		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) N/A	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION N/A	
21. I attended the deceased from 6 August 1956 to date and last saw her alive on 11/21/56 Death occurred at 7:10 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Arthur E. Heigel</i> (Degree or title) M.D.		22b. ADDRESS 307 S. Euclid St. Louis Mo	
22c. DATE SIGNED 11/23/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-22-56	
23c. NAME OF CEMETERY OR CREMATORY St. Joachims Cemetery		23d. LOCATION (City, town, or county) (State) Old Mines, Mo.	
24. FUNERAL DIRECTOR Smith Funeral Home, Potosi, Mo.		25. DATE RECD. BY LOCAL REG. NOV 23 1956	
26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, ~~or by~~....., Student Embalmer No....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Elmo R. Gadsden*.....

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.