

FILED DEC 31 1956

STANDARD CERTIFICATE OF DEATH

44009

STATE FILE NUMBER

318

1003

11055

Registration District No. Primary Registration District No. 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 St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN 4200		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital 3 wks			Length of stay in lb		d. STREET ADDRESS (If outside, give location) 7129 Woodrow Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ESSIE ^{First} ALTHEA ^{Middle} TUCKER ^{Last}				4. DATE OF DEATH Dec 1, 1956 Month Day Year			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feby 2, 1907		9. AGE (In years last birthday) 49 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady			10b. KIND OF BUSINESS OR INDUSTRY Katz Drug Co.		11. BIRTHPLACE (City and state or country) Washington Co, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Sloan				14. MOTHER'S MAIDEN NAME Anna Belle Copeland			
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. 494-353539		17. INFORMANT Address Clyde Tucker, 7129 Woodrow 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) Bilateral Pneumonia Injunct associated hematuria Septic DUE TO (b) Carcinoma of Cervix uteri DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 3 days 6 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Radical operation Wertheim for cancer - 11-26-54							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.) 171X					
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.) none		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from Oct - 15, 1956 7:25 p. m. to 12-1-1956 and last saw her alive on Dec 1st 1956 Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) D. J. Verdu m. d.				22b. ADDRESS 4500 Olive		22c. DATE SIGNED 12-3-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec 4, 1956	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
24. FUNERAL DIRECTOR ADDRESS Shepard Funeral Home, 1167 Hamilton Ave			25. DATE RECD. BY LOCAL REG. DEC 3 1956		26. REGISTRAR'S SIGNATURE Carl Smith m. d.		

"USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE"

Diseases in Part I must be causally 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 ex
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Stanley H. Aida*.....

Licensed Embalmer No. *H.*.....

P. O. Address *H. Aida*.....

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.