

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

883

STATE FILE NUMBER

FILED JAN 30 1957

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>Franklin County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Pacific</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Valley Park</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Franklin County</b>			Length of stay in 1b <b>4 months</b>		d. STREET ADDRESS <b>626 West</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>Mayme</b>				First <b>Mayme</b>		Middle <b>McNeese</b>		Last <b>McNeese</b>		
4. DATE OF DEATH <b>1 22-1957</b>		Month <b>1</b>		Day <b>22</b>		Year <b>1957</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED</b> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>July 5, 1882</b>		9. AGE (In years last birthday) <b>74</b>		
IF UNDER 1 YEAR Months		IF UNDER 24 Hrs. Days		Hours		Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Anton Schotte</b>					14. MOTHER'S MAIDEN NAME <b>Unknown</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs. Lucille James, 114 St. Louis</b>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARCINOMA of breast &amp; Multiple metastasis in Both lungs -</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Dehydration Severe Anemia</b>										
INTERVAL BETWEEN ONSET AND DEATH										
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 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 <b>10/5/56</b> to <b>1-22-57</b> and last saw her alive on <b>1-22-57</b> Death occurred at <b>8 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <b>Mary B. Grant</b> (Degree or title)					22b. ADDRESS <b>Pacific Mo.</b>			22c. DATE SIGNED <b>1/23-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>1/25/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Kirkwood 22, Mo.</b>			
24. FUNERAL DIRECTOR <b>Pfzinger Mortuary, Kirkwood, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Jan 25-57</b>		26. REGISTRAR'S SIGNATURE <b>Mary B. Grant</b>				

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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

94-0

JAN 30 1957

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 *Ben Hoffman*.....

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

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