

FILED JAN 28 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

2434

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 49	
1. PLACE OF DEATH a. COUNTY Saint Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles		c. LENGTH OF STAY (In this place) 69 years		c. CITY OR TOWN Saint Charles		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 519 North Sixth St.				e. STREET ADDRESS (If rural, give location) 519 North Sixth St. 0923			
3. NAME OF DECEASED (Type or Print) a. (First) Antoinette		b. (Middle) Aymond		c. (Last) Aymond		4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Oct. 29, 1887	
9. AGE (In years last birthday) 69		10. AGE (In years last birthday) 69		11. BIRTHPLACE (City and State or Foreign Country) Saint Charles, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and State or Foreign Country) Saint Charles, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Alphonse Aymond		13b. MOTHER'S MAIDEN NAME Jo Anna Mlizko		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Corinne Aymond, Saint Charles, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of breast DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis 170X				INTERVAL BETWEEN ONSET AND DEATH 9 months 1 year	
19a. DATE OF OPERATION Feb 1956		19b. MAJOR FINDINGS OF OPERATION Carcinoma breast with axillary metastasis				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 9, 1947, to Jan 18, 1957, that I last saw the deceased alive on Jan 18, 1957, and that death occurred at 1:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Eugene J. Canty		23b. ADDRESS W.D. St. Charles, Mo.		23c. DATE SIGNED Jan 21, 1957			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 21, 1957		24c. NAME OF CEMETERY OR CREMATORY Borromeo Cemetery		24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.	
25. DATE REC'D BY LOCAL REG. Jan 21 1957		26. REGISTRAR'S SIGNATURE H. Annie Hamilton		27. FUNERAL DIRECTOR'S SIGNATURE H.C. Dillingham		ADDRESS St. Charles, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 14 1957

MS FEB 18 1960

### 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.....

Licensed Embalmer No. ....

P. O. Address.....

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.