

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH2991
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 734

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Catawissa		0360 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Mo Baptist			Length of stay in 1b	3/ d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Mary			First	Middle Ann	Last O'Neill	4. DATE OF DEATH Month Jan Day 20 Year 1957	
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 Sep 4, 1898		9. AGE (In years last birthday) 58	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) teacher			10b. KIND OF BUSINESS OR INDUSTRY General Cable Co		11. BIRTHPLACE (City and state or country) Robertsville Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Elmer Johns				14. MOTHER'S MAIDEN NAME Nellie Wilson			
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. Unknown	17. INFORMANT Arnold Johns 4207 Westminister			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of breasts DUE TO (c) 170x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 2 years 10 years
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. Month, Day, Year							
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 1949 to Jan 1957 and last saw her alive on Jan 20, 1957 Death occurred at 11:25 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Norton John Eversoll M.D. (Degree or title)				22b. ADDRESS 6356 Clayton Rd. St. Louis, Mo		22c. DATE SIGNED 1-22-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 1-21-57	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge		23d. LOCATION (City, town, or county) Catawissa Mo		(State)
24. FUNERAL DIRECTOR Thiebes Pacific Mo			25. DATE RECD. BY LOCAL REG. JAN 23 '57		26. REGISTRAR'S SIGNATURE Carl Smith MO		

(Licensed Embalmer's Statement on Reverse Side)

Health, welfare, public service

000
-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which are not 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

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 *Lawrence G. Walker*
No Embalmer

Licensed Embalmer No.

P. O. Address

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.