

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

FILED MAR 1 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **6684**
 REGISTRAR'S NO. **1031**

Registration District No. **318** Primary Registration District No. **1003**

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		c. CITY OR TOWN Clayton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony's		d. STREET ADDRESS (If outside, give location) 30 Brighton Way	
3. NAME OF DECEASED (Type or print) First Anna Middle C Last Teiber		4. DATE OF DEATH Month Jan. Day 31st. Year 1957	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 19th. 1881
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		9b. KIND OF BUSINESS OR INDUSTRY house-wife	
10. CITIZEN OF WHAT COUNTRY? U.S.A.		11. BIRTHPLACE (City and state or country) St. Louis Missouri	
13. FATHER'S NAME Henry Sanders		14. MOTHER'S MAIDEN NAME Louise Hayes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Mary L. Teiber		Address #30 Brighton Way	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOGENIC CARCINOMA OF LEFT LUNG WITH METASTASES			INTERVAL BETWEEN ONSET AND DEATH ABOUT 9 MOS
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) ARTERIOSCLEROTIC HEART DISEASE			19. WAS AUTOPSY PERFORMED? 2 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.)	
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 1-2-57 to 1-31-57 and last saw her ^{her} him alive on 1-31-57 Death occurred at 1.22 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Henry J. Cooper (Degree or title) M.D.		22b. ADDRESS 218 Olive St.	
22c. DATE SIGNED 2/1/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2-4-1957	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Missouri	
24. FUNERAL DIRECTOR Arthur J. Donnelly ADDRESS 3840 Lindell Blvd		25. DATE RECD. BY LOCAL REG. FEB 1 '57	
26. REGISTRAR'S SIGNATURE J. Carl Smith			

(Licensed Embalmer's Statement on Reverse Side)

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 *Francis Hillion*

Licensed Embalmer No. *35*

P. O. Address *38407*

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.