No. 300
10-48

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

FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

7080

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 133

**1. PLACE OF DEATH**
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Normandy
c. LENGTH OF STAY (in this place) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Normandy Osteopathic Hosp

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Jefferson
c. CITY OR TOWN Fenton
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) R.R #1 304 Box

**3. NAME OF DECEASED** (Type or Print)
a. (First) Caroline
b. (Middle) Margaret
c. (Last) Davis

**4. DATE OF DEATH** (Month) 1 (Day) 15 (Year) 57

**5. SEX** F
**6. COLOR OR RACE** W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) M
**8. DATE OF BIRTH** 3-19-25
**9. AGE** (In years last birthday) 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) At home
**10b. KIND OF BUSINESS OR INDUSTRY** Housewife
**11. BIRTHPLACE** (City and State or Foreign Country) Brooklyn N.Y.
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Maurice Quirk
**13b. MOTHER'S MAIDEN NAME** Mamie Habenstriet
**14. NAME OF HUSBAND OR TYPE** Edward Fenton, Mo.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** 124-14-7035
**17. INFORMANT'S SIGNATURE OR NAME** Edward J Davis — 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | Toxemia due to Liver Failure | 3 months |
| ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) | Carcinomatosis | 18 months |
| DUE TO (c) | Primary Carcinoma of Breast | 3 yr |
| II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* | | |

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 170 X
**20. AUTOPSY?** YES ☒ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 1954, 19__, *to* 1-15, 19 57, *that I last saw the deceased alive on* 1-15, 19 57, *and that death occurred at* 5:48 P.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** J M Oettingham (Degree or title) D.O.
**23b. ADDRESS** 806 Meramec Sta. Rd. Valley Park, Missouri
**23c. DATE SIGNED** 1-15-57

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** 1-18-57
**24c. NAME OF CEMETERY OR CREMATORY** Sunset Cemetery
**24d. LOCATION** (City, town, or county) St Louis County, Mo. (State)

**DATE REC'D BY LOCAL REG.** 1-17-57
**REGISTRAR'S SIGNATURE** Herbert R. Lombe M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** Fr. Kivetter & Sons — ADDRESS High Ridge, Mo.

(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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Neville D. Trolwitter

Licensed Embalmer No. 3696

P. O. Address High Ridge

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