S. No. 300
v. 10.48

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

FILED MAR 18 1957

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 11280

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2038

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (in this place): 81 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 14 Jewish Hospital 0 2069

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY.
c. CITY OR TOWN: St.Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 2818 N. Union Blvd.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Mary
b. (Middle): 0
c. (Last): White

**4. DATE OF DEATH** (Month) (Day) (Year): Feb. 26, 1957

**5. SEX**: Female 1

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widow 2

**8. DATE OF BIRTH**: Dec.11,1875

**9. AGE** (In years last birthday): 81 — 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): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (City and State or Foreign Country): St.Louis,Mo. 0

**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: William Stack

**13b. MOTHER'S MAIDEN NAME**: Julia Broderick

**14. NAME OF HUSBAND/OR WIFE**:

**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.**: Unknown

**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Mrs.Helen Robbe, 2818 N.Union Blvd.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE PULMONARY EDEMA — INTERVAL BETWEEN ONSET AND DEATH: 1½ HRS

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — 50 YRS
DUE TO (c) ASPIRATION BRONCHITIS — 2 DAYS

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* SURG EXCISION CARCINOMA OF LT. BREAST — 3 MONTHS

**19a. DATE OF OPERATION**: JAN 22,1957

**19b. MAJOR FINDINGS OF OPERATION**: CARCINOMA OF LT BREAST 170+

**20. AUTOPSY?** YES [X] NO [ ] 6

**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): ST. LOUIS MISSOURI

**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* 1-16, 1957, *to* Feb 26, 1957, *that I last saw the deceased alive on* FEB 26, 1957, *and that death occurred at* 1:25 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Lester J. Nathan — (Degree or title): MD 0

**23b. ADDRESS**: 216 So KINGSHIGHWAY

**23c. DATE SIGNED**: FEB 27,1957

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: 3-1-57

**24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery

**24d. LOCATION** (City, town, or county) (State): St.Louis,Mo.

DATE REC'D BY LOCAL REG.: FEB 28 '57

REGISTRAR'S SIGNATURE: J. Carl Smith MD

**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Wm.J.Morrell, 4212 St.Louis Ave.

(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 embalme

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ellsworth Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, M

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.