

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11503**
Registrar's No. **584**

FILED MAR 18 1957

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 544		Registrar's No. 584			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. LENGTH OF STAY (In this place) 2 days		c. CITY OR TOWN Valley Park		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 St. Joseph Hospital				e. STREET ADDRESS (If rural, give location) 720 Vest Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) LUCY			b. (Middle)		c. (Last) VICTORY		4. DATE OF DEATH (Month) (Day) (Year) March 4, 1957		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH May 3, 1885		9. AGE (In years last birthday) 71 if UNDER 1 YEAR: Months 28 Days 1 if UNDER 24 HRS. Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired waitress			10b. KIND OF BUSINESS OR INDUSTRY Restaraunt		11. BIRTHPLACE (City and State or Foreign Country) Arkansas			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wm. Brown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Thomas Victory			
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. 500-28-7704		17. INFORMANT'S SIGNATURE OR NAME Marie Harper ADDRESS 720 Vest Ave. Valley Park, Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pancreatitis, acute INTERVAL BETWEEN ONSET AND DEATH 45 hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				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						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 5870					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Mar 2, 1957 , to Mar 4, 1957 , that I last saw the deceased alive on Mar 3, 1957 , and that death occurred at 7:45 a. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Lloyd S. Roloff, M.D.				23b. ADDRESS 109 N. Taylor Kirkwood 22 Mo			23c. DATE SIGNED Mar 4, 1957		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/4/57		24c. NAME OF CEMETERY OR CREMATORY Pine Crest Memorial Cem		24d. LOCATION (City, town, or county) (State) Little Rock, Ark			
DATE REC'D BY LOCAL REG. 3-4-57		REGISTRAR'S SIGNATURE Herbert K. Romke		FURNERAL DIRECTOR'S SIGNATURE M. J. Popp, Inc.		ADDRESS Kirkwood Mo.			

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

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 J. Weyland Jr.*
Licensed Embalmer No. *45712*
P. O. Address *Richmond, Va.*

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.