

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1957

State File No. **19006**
Registrar's No. **4751**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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) ST. LOUIS		c. LENGTH OF STAY (in this place) 6 WKS		c. CITY OR TOWN ST. LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST		e. STREET ADDRESS (If rural, give location) 2570 1275 HAMILTON AVE.					
3. NAME OF DECEASED (Type or Print) a. (First) CARRIE b. (Middle) THERESA c. (Last) MC GEE			4. DATE OF DEATH (Month) (Day) (Year) MAY 18, 1957				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Resturant & Hotel Worker		10b. KIND OF BUSINESS OR INDUSTRY Retired		8. DATE OF BIRTH FEBRUARY 16, 1887			
11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS		9. AGE (In years last birthday) Months Days Hours Min. 70					
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Thomas PAULSON		13b. MOTHER'S MAIDEN NAME Augusta BRENDLAND			
14. NAME OF HUSBAND OR WIFE		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. 496-146412			
17. INFORMANT'S SIGNATURE OR NAME Martha Walter		ADDRESS Carthage, Illinois					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coccarium for advanced Pancreas ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pancreas DUE TO (c) fibrosis lung Post Traug II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 mo	
19a. DATE OF OPERATION 3-18-57		19b. MAJOR FINDINGS OF OPERATION irreparable cover pancreas		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 157x			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 mor , 19 1957 , to May 18 1957 , that I last saw the deceased alive on May 16, 1957 , and that death occurred at 7:30 p. m., from the causes and on the date stated above.							
23a. SIGNATURE D. J. Verduin M.D.		(Degree or title)		23b. ADDRESS 4500 Olive			
23c. DATE SIGNED 5-20-57		24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 5/20/57			
24c. NAME OF CEMETERY OR CREMATORY St. Marcus		24d. LOCATION (City, town, or county) (State) RED BUD, ILLINOIS		DATE REC'D BY LOCAL REG. MAY 20 1957			
REGISTRAR'S SIGNATURE Carl Smith		FUNERAL DIRECTOR'S SIGNATURE McKennon		ADDRESS RED BUD, IL			

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: *Harold Washburn*

Licensed Embalmer No.... 4621..

P. O. Address... Dupon, Illinois

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.