

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 2 3 0 9 7
STATE FILE NUMBER
545 1434

FILED JUL 1 1957

Registration District No. 317 Primary Registration District No. Registrar's No. 1434

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY St. Louis | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | a. STATE Missouri | b. COUNTY St. Louis ✓ |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maplewood | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Maplewood 4554 | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3157 Luda Avenue | Length of stay in lb 18 Yrs. | d. STREET ADDRESS 3157 Luda Ave. | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|--|--|---|---|--|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | |
| First SUSAN | Middle NMI | Last HOPKINS | Month June | Day 4 | Year 1957 |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 8-18-1894 | 9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months Days 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 At home | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13. FATHER'S NAME William Kearney | | | 14. MOTHER'S MAIDEN NAME Unknown McEvoy | | |
| 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. None | 17. INFORMANT William E. Hopkins, Address above | | |

| | | |
|--|------------|--|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Capillary adeno carcinoma of Periteneum | | 5 Months |
| 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 158x | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |

| | | |
|---|--|---|
| 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. Month, Day, Year 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 |
| | ----- | ----- |

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|--|---|--------------------------------|
| 21. I attended the deceased from 5-4-57 to 5-6-4757 and last saw ^{her} / _{him} alive on 6-4-57 Death occurred at 4:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE Vincent F Townsend M.D. (Degree or title) | 22b. ADDRESS 310La Sutton Ave. Maplewood 17, Mo. | 22c. DATE SIGNED 6-5-57 |

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|--|--|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 6-7-1957 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
| 24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo. | 25. DATE RECD. BY LOCAL REG. 6-7-57 | 26. REGISTRAR'S SIGNATURE Herbert B. Dinkel | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

SM.

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.....

J. Allen Davis

Licensed Embalmer No.....

P. O. Address.....

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.