

Health, Welfare, Public Service  
 1-3800  
 1-36  
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

STANDARD CERTIFICATE OF DEATH

26618  
 STATE FILE NUMBER

FILED JUL 16 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar 5585

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes# No 0		c. CITY OR TOWN <u>Florissant</u>		Inside Limits Yes# No 0			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DePaul Hosp.</u>			Length of stay in lb <u>3 Wks.</u>		d. STREET ADDRESS <u>185 St. Cornelius</u>		Reside on Farm Yes 0 No #		
3. NAME OF DECEASED (Type or print) First <u>Vernal</u> Middle <u>Thelma</u> Last <u>Sturgeon</u>				4. DATE OF DEATH Month <u>June</u> Day <u>13</u> Year <u>1957</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug. 26, 1902</u>		9. AGE (In years last birthday) <u>54</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (City and state or country) <u>Rockview, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13. FATHER'S NAME <u>George E. Layman</u>				14. MOTHER'S MAIDEN NAME <del>LaVeste</del> <u>JaBo LaVista Jarbo</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>R. H. Sturgeon, Florissant, MO.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of ovary &amp; hepatic metastases</u>								INTERVAL BETWEEN ONSET AND DEATH <u>months</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		175x			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Obstruction sigmoid colon due to tumor necessitating bowel resection.</u>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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	
21. I attended the deceased from <u>2/2/57</u> to <u>6/12/57</u> and last saw her <u>alive</u> on <u>6/12/57</u> . Death occurred at <u>2:10 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Joseph P. Quinn</u> (Degree or title) <u>MD</u>				22b. ADDRESS <u>111 Church Ferguson, Mo</u>				22c. DATE SIGNED <u>6/12/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>6-17-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>			
24. FUNERAL DIRECTOR <u>White Chapel, Ferguson, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>JUN 15 57</u>		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION Corr. by Af July 23, 1957

45712

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 *Custor W. [Signature]*

Licensed Embalmer No. *43*

P. O. Address *St. Louis*

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.