

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7589

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) St. Louis c. LENGTH OF STAY (In this place) 19 days
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Chronic Hosp. 26
STREET ADDRESS (If rural, give location) 2277 2715 Sheridan

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) _____ c. (Last) Jones
4. DATE OF DEATH (Month) (Day) (Year) 8-12-1957

5. SEX female 3 6. COLOR OR RACE col. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 8. DATE OF BIRTH 5/18/96
9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 4 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) Ark. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. Peterson 13b. MOTHER'S MAIDEN NAME Sarah ? 14. NAME OF HUSBAND OR WIFE unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Luke Anderson 1903 Ballegrade Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
19. MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Pulmonary metastatic Carcinoma
INTERVAL BETWEEN ONSET AND DEATH 2 mo
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) _____
DUE TO (c) Carcinoma Rt. Breast 2 yrs.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 170X

19a. DATE OF OPERATION 1955 19b. MAJOR FINDINGS OF OPERATION Rt. Mastectomy - Carcinoma - type unknown
20. AUTOPSY? 2 YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 7-24-57, 19__, to 8-12-57, 19__, that I last saw the deceased alive on 8-12-57, 19__, and that death occurred at 12:45a., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Beckhams, M.D. 23b. ADDRESS 5800 Arsenal St. 23c. DATE SIGNED 8/12/57

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE 8/17/57 24c. NAME OF CEMETERY OR CREMATORY OAKDALE CEMETERY 24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO.

DATE REC'D BY LOCAL REG. AUG 14 57 REGISTRAR'S SIGNATURE Carl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1343 No. Garrison Ave.

WRITE PLAINLY—USING UNFAADING 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 *Arthur L. Herliand*

Licensed Embalmer No. *4291*
P. O. Address *3100 Carter*

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.