

FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29736

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7646					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		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. 21435 Benton Str.				e. STREET ADDRESS (If rural, give location) 22640 1435 Benton Str.							
3. NAME OF DECEASED (Type or Print) a. (First) BLANCHE			b. (Middle) _____		c. (Last) MACKLIN		4. DATE OF DEATH (Month) (Day) (Year) Aug. 15 1957				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.		8. DATE OF BIRTH Feb. 14, 1894		9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE late Lester Macklin					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. James Austin, Granddaughter				ADDRESS 3002a Kossuth		
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Papillary Adenocarcinoma Ovary  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____						MEDICAL CERTIFICATION Right 175X		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 6/21/57		19b. MAJOR FINDINGS OF OPERATION Papillary Adenocarcinoma Ovary right Hydrocephalus Right						20. AUTOPSY? 2 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 6/19/57, 1957, to 8/14, 1957, that I last saw the deceased alive on 8/14, 1957, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE A. F. Moulton				(Degree or title) M.D.		23b. ADDRESS St. Luke's Hospital		23c. DATE SIGNED 8/15/57			
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE Aug. 19, 1957		24c. NAME OF CEMETERY OR CREMATORY Zion's Cemetery		24d. LOCATION (City, town, or county) St. Louis Mo.		(State) _____			
DATE REC'D BY LOCAL REG. AUG 15 57		REGISTRAR'S SIGNATURE J. Cash Smith			25. FUNERAL DIRECTOR'S SIGNATURE Henry Leidner Und. Co. 2223 St. Louis Ave.						

(Licensed Embalmer's Statement on Reverse Side)

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

1957 21 100

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 *Albert Mayfield* ..... Licensed Embalmer No. *30* ..... P. O. Address *St Louis* .....

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.