

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED AUG 26 1957

29844
 STATE FILE NUMBER
 6957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6957

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
38 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA City Hosp.			Length of stay in 1b	d. STREET Baltimore Hotel ADDRESS 9th and Pine sts.		
3. NAME OF DECEASED (Type or print) MARIE			First	Middle	Last	
4. DATE OF DEATH 7-23-57			Month	Day	Year	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10-6-1906	9. AGE (In years last birthday) 50 1/2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) secretary	10b. KIND OF BUSINESS OR INDUSTRY unknown		11. BIRTHPLACE (City and state or country) Franklin County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Columbus Odle			14. MOTHER'S MAIDEN NAME Maude Holms			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. C. Odle, West Frankfort, Ill.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ruptured esophageal Varices</i> <i>Cirrhosis of the Liver</i> 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 (n) 581.0						
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Patrick Taylor Crowder</i> (Degree title)			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 7-25-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 7-24-57	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) West Frankfort, Ill.		
24. FUNERAL DIRECTOR Walker, West Frankfort, Ill.			ADDRESS	25. DATE RECD. BY LOCAL REG. JUL 25 57	26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Horner W. J.*

Licensed Embalmer No... 3

P. O. Address... *St.*

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.