

FILED SEP 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30358

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1954

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS COUNTY Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>1</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RICHMOND HEIGHTS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS - 20018</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT IN HOSPITAL, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S Hosp.</u> Length of stay in lb <u>3 weeks</u>		d. STREET ADDRESS (If outside, give location) <u>8235 Henze Ct.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>AGNES</u> Middle <u>M.</u> Last <u>Mc BRIDE</u>		4. DATE OF DEATH Month <u>Aug.</u> Day <u>4</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. 4 1903</u>
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>		13. FATHER'S NAME <u>FRANK SENIK</u>	
14. MOTHER'S MAIDEN NAME <u>ELEANOR SIKORA</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>W. TED Mc BRIDE 8235 Henze Ct.</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>Metastatic Carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of Breast -</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</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>Sept 22, 1954</u> to <u>Aug 4, 1957</u> and last saw <u>her</u> alive on <u>Aug. 4, 1957</u> Death occurred at <u>7:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Stella M. R. J. M.D.</u>		22b. ADDRESS <u>3720 WASHINGTON</u>	
22c. DATE SIGNED <u>8/6/57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>	
23b. DATE <u>AUG. 7 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER + PAUL</u>	
23d. LOCATION (City, town, or county) <u>ST. LOUIS</u>		(State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Thomas Kutas 2906 Garis</u>		25. DATE RECD. BY LOCAL REG. <u>8-6-57</u>	
26. REGISTRAR'S SIGNATURE <u>Herbert P. Donohue M.D.</u>		(Date) <u>8/6/57</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to cause of death unless diseases in Part I must be causally related.

Je 5-2885

Dr

RIEKLIN

37 1625 Washington
10-1 3rd P.M.

Specimen 221

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 *Sam C. Hill*

Licensed Embalmer No. 43

P. O. Address 2906

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.