Health, Welfare Public Service

300
1-57

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33586

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8450

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St.Louis,Mo. — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5906 Horton Place. — Length of stay in 1b
d. STREET ADDRESS (If outside, give location) 5906 Horton Place. — Reside on Farm Yes [ ] No [X]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St.Louis — Inside Limits Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First Thomas; Middle C.; Last Hancock

4. DATE OF DEATH Month Sept. Day 7, Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH Aug.16,1895

9. AGE (In years last birthday) 62 — 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) Mechanic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Doniphan Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas G.Hancock

13b. MOTHER'S MAIDEN NAME Isabelle Crowder

14. NAME OF HUSBAND OR WIFE Myrtle Hancock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) Nil

16. SOCIAL SECURITY NO. Unkown

17. INFORMANT Myrtle Hancock — Address 5906 Horton Pl.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: May 1957
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Metastasis to Lungs with Pulmonary obstruction — 3 mos
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 May 18,1957 to Sept 7,1957 and last saw him alive on Sept 4,1957
Death occurred at Sept 7,1957 4P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. K. Roberts M.D.

22b. ADDRESS 110 S. Central, Clayton

22c. DATE SIGNED 9-9-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 8-7-57

23c. NAME OF CEMETERY OR CREMATORY City Cemetery

23d. LOCATION (City, town, or county) (State) Doniphan Mo.

24. FUNERAL DIRECTOR Albert H. Hoppe — **ADDRESS** 4704 Washington Ave.

25. DATE RECD. BY LOCAL REG. SEP 9 57

26. REGISTRAR'S SIGNATURE J. Carl Smith MD
MDB

(Licensed Embalmer's Statement on Reverse Side)

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 : Elmer P. Rodewell

Licensed Embalmer No. 4077

P. O. Address Sh. Lem

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.