

FILED NOV 27 1957

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43043**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2784**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>St. Louis Co., Mo.</b> b. COUNTY <b>1</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Normandy</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>7 days</b>		e. STREET ADDRESS (If rural, give location) <b>1876 4338 Manchester</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>43 Normandy Hospt.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ruth</b>		b. (Middle) <b>Easter</b>	c. (Last) <b>Easter</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 7, 1957</b>			
5. SEX <b>fe</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4-10-1922</b>
9. AGE (In years last birthday) <b>35</b>		IF UNDER 1 YEAR Months <b></b> Days <b></b>	IF UNDER 11 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>DuQuoin, Ill.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Robert Gilliam</b>		13b. MOTHER'S MAIDEN NAME <b>Violet Waller</b>	14. NAME OF HUSBAND OR WIFE <b>Harvey Easter</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>313-20-4544</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>H. W. Easter, 4338 Manchester</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>GENERALIZED CARCINOMATOSIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>SEPT 57</b>	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>GRANULOSA-CELL CARCINOMA</b> <b>3-4-57</b>	
DUE TO (c) <b>ADENOMA OF STOMACH</b> <b>7-24-57</b>			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>151X</b>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 <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 <b>2/9</b> , 19 <b>57</b> , to <b>11/7</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>11/7</b> , 19 <b>57</b> , and that death occurred at <b>7:20</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Dr. J. E. ...</b>		23b. ADDRESS <b>5329 ...</b>	23c. DATE SIGNED <b>11/8/57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11-8-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Local Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>DuQuoin, Ill.</b>
DATE REC'D BY LOCAL REG. <b>11-9-57</b>	REGISTRAR'S SIGNATURE <b>Herbert R. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Rowland-Aker, 4104 Manchester ave.</b>	

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 *Harvey Kahle* .....

Licensed Embalmer No. *4596* .....

P. O. Address *Flouissant, M.* .....

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.