

FILED NOV 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

430556

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2703

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Olivette</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Olivette</u>		4000 ₂ 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>Bonhomme Rest Home</u>		Length of stay in 1b <u>MONTHS</u>	d. STREET ADDRESS (If outside, give location) <u>27 Stoneyside Lane</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>WINNIE</u> Middle <u>ADAMS</u> Last <u>GERLING.</u>			4. DATE OF DEATH Month <u>OCT.</u> Day <u>30</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 28, 1871</u>	9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and state or country) <u>Shelbina, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Newton Adams</u>			14. MOTHER'S MAIDEN NAME <u>Martha M. Sparks.</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>Mr. John H. Gerling, 27 Stoneyside Lane</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>Adenocarcinoma of Breast</u> DUE TO (b) <u>Metastases to lung, liver & bones</u> DUE TO (c) <u>170X</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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>7 years</u> <u>6 months</u>
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 <u> </u> Month, Day, Year a. m. <u> </u> p. m. <u> </u>					
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>May 24, 1957</u> to <u>Oct. 30, 1957</u> and last saw her <u>him</u> alive on <u>Oct. 29, 1957</u> Death occurred at <u>5:50</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Hiram L. Luyt</u> <u>M.D.</u>		22b. ADDRESS <u>3720 Wesleyan Bldg</u>		22c. DATE SIGNED <u>Oct. 31, 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>entombment</u>		23b. DATE <u>11-2-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum.</u>	
23d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>					
24. FUNERAL DIRECTOR ADDRESS <u>C.R. Lupton & Sons; 7233 Delmar Blvd</u>		25. DATE RECD. BY LOCAL REG. <u>10-1-57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert Blankenhorn</u> <u>arc</u>	

Dr. Hiram Joppitt
~~James H. Joppitt~~
~~James H. Joppitt~~
June 24/1957
6367 Stillwood

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... *Arnold W. Schoene*

Licensed Embalmer No. 386

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.