

Health, & Welfare
S. Public
th Service

S. 300
v. 1-57

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.

STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1958

47670 STATE FILE NUMBER
1003 Registrar's No. 12604

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hospital		d. STREET ADDRESS (If outside, give location) 851 Westgate Ave.	
Length of stay in lb 6-wks.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Dorothy Middle Elizabeth Last Toner-Rose			4. DATE OF DEATH Month Dec. Day 29 Year 1957		
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5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 16, 1921	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Rep. Cradle Car Services	10b. KIND OF BUSINESS OR INDUSTRY Services	11. BIRTHPLACE (City and state or country) Marietta, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John Hacker	13b. MOTHER'S MAIDEN NAME Ann Trend	14. NAME OF HUSBAND OR WIFE Mr. Joseph Toner
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 499-12-5017 188-12-8769	17. INFORMANT Address Mr. Joseph Toner, 851 Westgate Ave. U.C.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of ovary	
	DUE TO (c) 125x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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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
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21. I attended the deceased from October 28, 1957 to Dec. 26, 1957 and last saw her alive on Dec. 26, 1957 Death occurred at Dec. 29, 1957 7:45 pm. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Robert L. Coulter M.D. / B.L. Tucker	22b. ADDRESS Brentwood Medical Center	22c. DATE SIGNED 12/30/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 31, 1957	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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24. FUNERAL DIRECTOR ADDRESS Arthur J. Donnelly 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG. DEC 30 57	26. REGISTRAR'S SIGNATURE J. Earl Smith MD mbs
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Mr. Belmont Thiele
805 Lake Platy
130
No - 1 - 8986

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 *Francis Williamson*

Licensed Embalmer No. *3565*
P. O. Address *3840 Linde*

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.