

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019774
STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5622

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ST CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) ST LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CASEYVILLE 8120 8 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI BRPTIST		Length of stay in 1b 23 days	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST ALICE DEAN HEAD		4. DATE OF DEATH Month Day Year MAY 28 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 10 1903
9. AGE (In years last birthday) 54 yrs		10. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state of country) ST LOUIS MO 0
12. CITIZEN OF WHAT COUNTRY? U S A		13. FATHER'S NAME SAMUEL NELSON	
14. MOTHER'S MAIDEN NAME CATSIE BROWN		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 332-20-3953		17. INFORMANT Address W. L. Head 204 Twin Dr Caseyville	
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>Pulmonary embolism</u> <u>pulmonary vein thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Post Op. (Abdomen-perineal)</u> DUE TO (c) <u>Post-Op (Abdom. Perineal)</u>			INTERVAL BETWEEN ONSET AND DEATH 2 wks
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.) 1991
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.) 5-5-58	20f. CITY, TOWN, OR LOCATION 527-58	COUNTY STATE
21. I attended the deceased from 5-5-58 to 5-27-58 and last saw her alive on 5-28-58 Death occurred at 11:20 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. R. Lerwick (Degree or title) E. R. Lerwick		22b. ADDRESS 453 No. Taylor 453 N. Taylor Ave	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5/29/58	23c. NAME OF CEMETERY OR CREMATORY MT HOPE
23d. LOCATION (City, town, or county) BELLEVILLE ILL		(State)	
24. FUNERAL DIRECTOR ROBINS FUNERAL HOME E ST-LOUIS		25. DATE RECD. BY LOCAL REG. MAY 29 58	26. REGISTRAR'S SIGNATURE Carl Smith mo

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Opened Ca of Rectal Wall including Recto sigmoid Sigmoid Sigmoid

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 *Frank Groff*

Licensed Embalmer No. *435*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.