

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023842  
State File No. 58-023842  
86580  
Registrar's No. 86580

FILED JUL 14 1958

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 38 DOA City Hospt.		f. STREET ADDRESS (If rural, give location) 3057 5755 Bartmer Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Maud b. (Middle) A c. (Last) Vickers		4. DATE OF DEATH (Month) (Day) (Year) 6-30-58	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-25-1885
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ky.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME U. k. Jones	
13b. MOTHER'S MAIDEN NAME Nettie Mayhugh		14. NAME OF HUSBAND OR WIFE Oliver Vickers	
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. UNK	17. INFORMANT'S SIGNATURE OR NAME ADDRESS O. I. Vickers 5755 Bartmer Ave.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Breast</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Generalized Metastasis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>8:25</i> p.m., from the causes and on the date stated above.	
23a. SIGNATURE <i>James M. Kelly</i>		23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>7-1-58</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-2-58	24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Co, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J. W. Clark</i> F. H. 1125 Hodiamont Ave.	
DATE REC'D BY LOCAL REG. <i>JUL 1 1958</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i> m. 6. 13.	

**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 *Alfred J. Brodeur*  
Licensed Embalmer No... *266*

P. O. Address *1125 1/2 St. Leonard*

**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.**