

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027155

STATE FILE NUMBER

FILED JUL 18 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's 6260

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE Missouri b. COUNTY <i>St Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Crestwood <i>4000</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hospital		Length of stay in lb 4 weeks	d. STREET (If outside, give location) ADDRESS 8807 Fox Park Drive Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ruth Middle Elenore Last Luxman			4. DATE OF DEATH Month 6 Day 18 Year 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 February 19, 1896
9. AGE (In years last birthday) 62		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Big Stone Gap, Va.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Fleetwood Jones		14. MOTHER'S MAIDEN NAME Nancy Steele	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No -0-		16. SOCIAL SECURITY NO. 492 05 3364	17. INFORMANT Address Harry Luxman 8807 Fox Park Drive, Crestwood
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute nephritis - acute hepatitis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Peritonitis</i> DUE TO (c) <i>Carcinoma of uterus</i>			INTERVAL BETWEEN ONSET AND DEATH <i>9 days</i> <i>2/10/58</i> <i>6 mo</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>174x</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
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
21. I attended the deceased from <i>5-26-55</i> , to <i>6-18-58</i> and last saw her alive on <i>6/18-58</i> Death occurred at <i>3:00 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John W Stewart MD</i>		22b. ADDRESS <i>4660 Maryland St St Louis MO</i>	22c. DATE SIGNED <i>6-19-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>6-20-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St Louis Co Mo</i>
24. FUNERAL DIRECTOR ADDRESS <i>Hoffmeister Colonial Mortuary</i> <i>6464 Chippewa Street St. Louis 9, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>JUN 19 1958</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i> <i>msc</i>

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Lewis C. Hoffman

Licensed Embalmer No. 38

P. O. Address 7814 S

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