

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034893

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2572

1. PLACE OF DEATH
a. COUNTY ST. LOUIS COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON, MO. Inside Limits Yes No
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp. Length of stay in 1b 9 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN KINLOCH 40910 Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 1017 W. BULLOCKS Reside on Farm Yes No

3. NAME OF DECEASED First Ida Middle Last Duke
4. DATE OF DEATH Month 10 Day 5 Year 1958

5. SEX FEMALE 6. COLOR OR RACE 3 NEGRO 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH DEC. 18, 1891 9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GARDENER 10b. KIND OF BUSINESS OR INDUSTRY TRAUCK GARDEN 11. BIRTHPLACE (City and state or country) UNKNOWN 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME GEORGE EDWARDS 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE DECEASED

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. NO 17. INFORMANT Address 1074 LURBON
UNKNOWN MRS. ISABELLE JACKSON, KINLOCH MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma Undetermined Type
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____
DUE TO (c) 1992
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pyelonephritis

INTERVAL BETWEEN ONSET AND DEATH _____

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 9-26-1958 to 10-5-1958 and last saw her 8 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Angela A. Speno MD 22b. ADDRESS 601 S. Brentwood, Clayton 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIED 23b. DATE 10-11-58 23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK CEM. 23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI

24. FUNERAL DIRECTOR ADDRESS G. WADE GRAN BERRY, FINNEY 4202 25. DATE RECD. BY LOCAL REG. 10-7-58 26. REGISTRAR'S SIGNATURE Herbert W. Dombke M.D.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-57

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 *Edward A. Flynn*

Licensed Embalmer No. *4444*

P. O. Address *4207 Fenwick*

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.