

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045876

STATE FILE NO. 12689

JUN 12 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

S. 300
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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL Length of stay in 1b 45 Days		d. STREET ADDRESS (If outside, give location) 1802 Warren Street Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARY Middle E. Last JORGENSEN			4. DATE OF DEATH Month DECEMBER Day 30 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> EVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH May 8-1918
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Checker		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 40 IF UNDER 1 YEAR Months Days Hours Min.
11a. FATHER'S NAME Roy Coleman		11b. MOTHER'S MAIDEN NAME Catherine Kendall	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-12-5278	17. INFORMANT Address Betty Watkins 1802 Warren St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MALIGNANT MELANOMA, PRIMARY SITE SKIN OF LEFT SHOULDER, WITH METASTASES TO BRAIN Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ 190.6			INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS
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 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 _____ o.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <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 NOV. 17, 1958 to DEC. 30, 1958 and last saw her alive on DEC. 30, 1958 Death occurred at 1:05 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. J. Vermillion, M.D. M. D.		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 12/30/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 2-1958	23c. NAME OF CEMETERY OR CREMATORY Valkhalla Crematory	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.,
24. FUNERAL DIRECTOR Leidner Und. Co. 2223 St. Louis Av.		25. DATE RECD. BY LOCAL REG. DEC 31 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.

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 *Albert Markfield*

Licensed Embalmer No. *3099*

P. O. Address *St. Louis*

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.