

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046706

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3101

FILED DEC 19 1958

1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Richmond Heights** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Mary's Hosp.** Length of stay in 1b **5-wks.**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.** b. COUNTY **St. Louis**

c. CITY OR TOWN **St. Louis** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **5654 Delmar Blvd.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)

First **Katherine** Middle **E.** Last **Monfort**

4. DATE OF DEATH **Nov. 26, 1958**

5. SEX **F.** 6. COLOR OR RACE **W.** 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH **May 23, 1895** 9. AGE (In years last birthday) **63**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Clerk, Angelica Uniform Co.** 10b. KIND OF BUSINESS OR INDUSTRY **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13. FATHER'S NAME **William J. Leahy** 14. MOTHER'S MAIDEN NAME **Elizabeth Sullivan**

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 **Mr. Frank L. Monfort, 7307 Shaftsbury U.C.**

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 of Pancreas.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **Local and distant metastases**

DUE TO (c) **157X**

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 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 WORK 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 **10/25/58** to **11/26/58** and last saw her ^{her} _{alive} on **11/26/58**

Death occurred at **11:40 am.** m on the date stated above; and to the best of my knowledge, from the causes stated

22a. SIGNATURE (Degree or title) **Thomas W. D. O'Phelan M.D.** 22b. ADDRESS **4660 Maryland St. St. Louis, Mo.** 22c. DATE SIGNED **10/28/58**

23a. BURIAL CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Nov. 29, 1958** 23c. NAME OF CEMETERY OR CREMATORY **Oak Grove Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis, Missouri, County**

24. GENERAL DIRECTOR ADDRESS **Arthur J. Donnelly, 3840 Lindell Blvd.** 25. DATE RECD. BY LOCAL REG. **11-28-58** 26. REGISTRAR'S SIGNATURE **Herbert P. Danke M.D.**

(Licensed Embalmer's Statement on Reverse Side)

S. 300
v. 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

MEDICAL CERTIFICATION

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 *Francis Williams*

Licensed Embalmer No. 35

P. O. Address 3840 *Li*

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.