THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002926

STATE FILE NUMBER 2 718

4 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH
a. COUNTY: city of St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Louis — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Jewish Hosp — Length of stay in 1b: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: City of St. Louis
c. CITY OR TOWN: St. Louis 2069 0 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5879a Easton — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ada — Middle: Mae — Last: Fields

4. DATE OF DEATH: Month: Jan — Day: 20 — Year: 1959

5. SEX: Female — **6. COLOR OR RACE**: white — **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐ — **8. DATE OF BIRTH**: 1-7-94 — **9. AGE** (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant Operator — **10b. KIND OF BUSINESS OR INDUSTRY** — **11. BIRTHPLACE** (City and state or country): St. Louis, Missouri 0 — **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: George Kenter — **13b. MOTHER'S MAIDEN NAME**: Louisiana Kenthan — **14. NAME OF HUSBAND OR WIFE**: Guy Bud (Dec)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service) — **16. SOCIAL SECURITY NO.**: 489-34-4429 — **17. INFORMANT**: Guy B. Field Jr. — Address: 3409a Clara

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Metastases
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs
DUE TO (c): 170X
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 a.m. p.m. Month, Day, Year

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 Nov 15, 1958 to Jan 20, 1959 and last saw her/him alive on Jan 20, 1959. Death occurred 10:55 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Morris Alex MD — **22b. ADDRESS**: 216 S. Kingshighway — **22c. DATE SIGNED**: 1-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify): removal — **23b. DATE**: 1/23/59 — **23c. NAME OF CEMETERY OR CREMATORY**: Valhalla Cem — **23d. LOCATION** (City, town, or county): St. Louis Co — (State): Mo.

24. FUNERAL DIRECTOR: Drehmann Harral — **ADDRESS**: 1905 Union — **25. DATE RECD. BY LOCAL REG.**: JAN 22 '59 — **26. REGISTRAR'S SIGNATURE**: J. Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Warren A. Carver

Licensed Embalmer No. 353X

P. O. Address .....

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.