Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003676
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 317 Primary Registration District No. 531 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) University City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 8607 Brookshire La — Length of stay in Hospital 62 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ST LOUIS
c. CITY OR TOWN University City 4376 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 8607 Brookshire La — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Mary Middle: Elizabeth Last: St.Aubin

4. DATE OF DEATH Month Jan. Day 7 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Oct.18,1872
9. AGE (In years last birthday) 86 — 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) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Ontario, Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edward Rowland Williams
13b. MOTHER'S MAIDEN NAME Roseanna Wylie
14. NAME OF HUSBAND OR WIFE Zephyrin J.St.Aubin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs Evelyn Andrews Address 8607 Brookshire

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 liver — INTERVAL BETWEEN ONSET AND DEATH 2 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1561

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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. 28, 1958 to Jan 7, 1959 and last saw her/him alive on Jan. 6, 1959
Death occurred at 5 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edwin P. Meiner (Degree or title) M.D.
22b. ADDRESS 6651 Enright Ave
22c. DATE SIGNED 1/7/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan.9,1959
23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
23d. LOCATION (City, town, or county) (State) St.Louis Co,Missouri

24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar Bl
25. DATE RECD. BY LOCAL REG. 1-8-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Dr.Edwin P.Meiners
6651 Enright Ave
Pa.1-5042
1 to 3 P.M.

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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6170 Ellis

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.