

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014914

STATE FILE NUMBER

2 4118

FILED MAY 12 1959 Registration District No. Primary Registration District No. Registrar No.

300  
1-57  
6  
292  
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis City Hosp. #1</u>		d. STREET ADDRESS (If outside, give location) <u>4333 WEST CLAYTON</u>	
3. NAME OF DECEASED (Type or print) First <u>Alwilda</u> Middle <u>MILLER</u> Last <u>- Dozier</u>		4. DATE OF DEATH Month <u>April</u> Day <u>27</u> Year <u>1959</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAR. 2 1877</u>
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	11. BIRTHPLACE (City and state or country) <u>PENNSYLVANIA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>HENRY HARDY</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA Mc</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>NELLIE BERNHARDT</u> Address <u>4458 S. SPRING</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute-intestinal bleeding</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinomatous</u> DUE TO (c) <u>Probable carcinoma of PANCREAS</u>			INTERVAL BETWEEN ONSET AND DEATH
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 type="checkbox"/> NO <input checked="" 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.) <u>157X</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from Death occurred at <u>1:40</u> on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from <u>April 28, 1959</u> to <u>April 27, 1959</u> and last saw her/him alive on <u>April 27, 1959</u>	
22a. SIGNATURE <u>David O. Davis M.D.</u> (Degree or title)		22b. ADDRESS <u>1515 Lafayette Ave.</u>	
22c. DATE SIGNED <u>4/27/59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>APR. 30 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE CEM.</u>	
23d. LOCATION (City, town, or county) <u>ST. LOUIS MO</u>		23e. STATE	
24. FUNERAL DIRECTOR <u>Thomas Kuter 2906 Gravois</u>		25. DATE RECD. BY LOCAL REG. <u>APR 27 '59</u>	
26. REGISTRAR'S SIGNATURE <u>Earl Smith. M.D.</u>		26. REGISTRAR'S SIGNATURE	

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 Eleanora

Licensed Embalmer No. 3402

P. O. Address Annings

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.