

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015147

STATE FILE NUMBER

2 3974

FILED MAY 6 1959

Registration District No.

Primary Registration District No.

Registrar No.

300  
-57

93  
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MISSOURI</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St Louis</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>BARNES HOSPITAL</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>2508 N. CLARA</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>BERTHA ERCIE HOUSE</i>			4. DATE OF DEATH Month Day Year <i>APRIL 21, 1959</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>4-20-1898</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>OWN HOME</i>	9. AGE (In years last birthday) <i>61</i> MONTHS DAYS HOURS MIN. <i>0 0 0 0</i>
11. BIRTHPLACE (City and state or country) <i>GAINESVILLE, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>ISRAEL W. HAMBELTON</i>		13b. MOTHER'S MAIDEN NAME <i>MARGARET GOETTLING</i>	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. <i>YES - ?</i>	17. INFORMANT <i>Mrs Gladys Russell Owensville, Mo.</i> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>ADENOCARCINOMA OF LEFT BREAST WITH GENERALIZED METASTASES</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 YEARS</i>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<i>170x</i>
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 .Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <i>MARCH 28, 1955</i> to <i>APRIL 21, 1959</i> and last saw her alive on <i>APRIL 21, 1959</i> Death occurred at <i>1:05 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. P. Vermillion, M.D.</i> (Degree or title)		22b. ADDRESS <i>BARNES HOSPITAL</i>	22c. DATE SIGNED <i>4/22/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>4-24-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>OWENSVILLE CITY CEM.</i>	23d. LOCATION (City, town, or county) (State) <i>OWENSVILLE, Mo.</i>
24. FUNERAL DIRECTOR <i>SCHROEDER F. H., DALLWIN, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>APR 22 '59</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

REGISTERED EMBALMER

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 ..... *Richard Bopp* .....

Licensed Embalmer No. *4584* .....

P. O. Address *Ballwin, Mo.* .....

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.