

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030871

FILED VS. SEP 8 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 7530**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b 35 yrs.		c. CITY OR TOWN Brentwood		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 8601 Henrietta		
3. NAME OF DECEASED (Type or print) First Nancy Middle D. Martin Last Wamble				4. DATE OF DEATH Month August Day 12, Year 1959				
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/25/1891		
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Owensboro, Ky.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Addis Martin			13b. MOTHER'S MAIDEN NAME Amelia Stewart			14. NAME OF HUSBAND OR WIFE Claude L. Wamble		
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. None		17. INFORMANT Claude L. Wamble, 8601 Henrietta		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) Carcinoma of liver, metastatic DUE TO (b) Adenocarcinoma of gall bladder DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 2-3 mo? 6-12 mo?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 6-16-59 to 8-12-59 and last saw her ^{her} _{him} alive on 8-12-59 Death occurred at 10:05 pm on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) V. O. Fish, M.D.				22b. ADDRESS 634 N. Grand St. Louis Mo		22c. DATE SIGNED 8-12-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-15-59	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens Cemetery		23d. LOCATION (City, town, or county) St. Louis Co., Mo.		(State)	
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.			ADDRESS		25. DATE RECD. BY LOCAL REG. AUG 13 '59		26. REGISTRAR'S SIGNATURE Carl Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *William L. Kemper*

Licensed Embalmer No. *4052*

P. O. Address *4911 Washington
St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.