

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 22 1959

59-033746

2 8125

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

ENDED

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|---|--|---|--|---|--|---|--|
| 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 <i>St. Louis, Missouri</i> | | | | Length of stay in 1b | | c. CITY OR TOWN <i>Riverview Gardens</i> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>De Paul Hospital</i> | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <i>232 McAlpine Drive</i> | |
| 3. NAME OF DECEASED (Type or print) First <i>Marjorie</i> Middle <i>Clara</i> Last <i>Doan</i> | | | | 4. DATE OF DEATH Month <i>August</i> Day <i>31</i> Year <i>1959</i> | | | |
| 5. SEX <i>Female</i> | | 6. COLOR OR RACE <i>White</i> | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <i>1/15/18</i> | |
| 9. AGE (last birthday) <i>41</i> | | 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) <i>Time Clerk</i> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Orchard Paper Co</i> | | 11. BIRTHPLACE (City and state or country) <i>St. Louis, Missouri</i> | |
| 12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i> | | | | 13a. FATHER'S NAME <i>Frank Penzek</i> | | 13b. MOTHER'S MAIDEN NAME <i>Alice Pepper</i> | |
| 14. NAME OF HUSBAND OR WIFE <i>Kenneth Doan</i> | | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> | | | |
| 16. SOCIAL SECURITY NO. <i>488-01-2045</i> | | | | 17. INFORMANT Address <i>Kenneth Doan, 232 McAlpine Drive</i> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Liver</i> DUE TO (b) <i>Carcinoma Rt Breast</i> DUE TO (c) <i>170 x</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | INTERVAL BETWEEN ONSET AND DEATH <i>6 mos</i> <i>4 yrs</i> | |
| 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 <i>1956</i> to <i>Aug 31 59</i> and last saw her <i>Aug 31, 1959</i> alive on <i>Aug 31, 1959</i> Death occurred at <i>2:00 P.M. 8-31-59</i> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>John J. Phaner, M.D.</i> | | | | 22b. ADDRESS <i>3720 Washington</i> | | 22c. DATE SIGNED <i>9-1-59</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 23b. DATE <i>9/3/59</i> | | 23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i> | | 23d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri</i> | |
| 24. FUNERAL DIRECTOR ADDRESS <i>JOHN STYGAR & SON - 5541 RIVERVIEW BLDG.</i> | | | | 25. DATE RECD. BY LOCAL REG. <i>SEP 2 1959</i> | | 26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i> | |

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. M. Pister*

Licensed Embalmer No. 3980

P. O. Address St. Louis, 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.