

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012326

FILED VS MAR 25 1960

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No. **2 3022**

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</i>		Length of stay in 1b	c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>LUTHERAN HOSPITAL</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>3845<sup>th</sup> McDONALD</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>RUTH ANN BARNES</i>			4. DATE OF DEATH Month Day Year <i>MARCH 12 1960</i>		
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</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>FEB 4 1911</i>	9. AGE (last birthday) <i>49</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>OFFICE CLERK</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Mo. LINEN &amp; TOWEL</i>		11. BIRTHPLACE (City and state or country) <i>MISSOURI U-S-A</i>	
13a. FATHER'S NAME <i>HERMAN H BELCHER</i>		13b. MOTHER'S MAIDEN NAME <i>ELIZABETH DAVIS</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) <i>NO</i>		16. SOCIAL SECURITY NO. <i>498-20-5904</i>		17. INFORMANT <i>JACK BELCHER</i> Address <i>5412 ALASKA AVE</i>	
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>METASTATIC CARCINOMA</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2 YEARS</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>CARCINOMA AMPULLA OF UTERUS</i>					
DUE TO (c) <i>155.1</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>BILIARY CIRRHOSIS</i>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
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 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>JAN - 1954</i> to <i>3/12/60</i> and last saw her/him alive on <i>3/12/60</i> Death occurred at <i>9:10 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>George A. Norman MD</i>		22b. ADDRESS <i>5203 Chippewa</i>		22c. DATE SIGNED <i>3/14/60</i>	
23a. BURIAL, CREMATION/REMOVAL (Specify) <i>REMOVAL</i>		23b. DATE <i>MARCH 16 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>RESURRECTION CEM.</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS CO, MO</i>
24. FUNERAL DIRECTOR <i>Thomas Kutis 2906 Gravois</i>		25. DATE RECD. BY LOCAL REG. <i>MAR 15 1960</i>		26. REGISTRAR'S SIGNATURE <i>Keon Smith M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

5.P

**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 Donna C. Will

Licensed Embalmer No. 4347

P. O. Address 2906 Du

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