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DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028570

FILED VS AUG 1 2 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7665 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b 3 Weeks	c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP.#1		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1314 N. Market St Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ROSE mary LITTLE			4. DATE OF DEATH Month Day Year 8 2 1960			
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 1-18-1880	9. AGE (last birthday) 80	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) Salad Maker		10b. KIND OF BUSINESS OR INDUSTRY M.A.C. Club	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME John L. Thrailkill		13b. MOTHER'S MAIDEN NAME Rachel Creson		14. NAME OF HUSBAND OR WIFE Roy S. Little		
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. ---		17. INFORMANT Address Roy S. Little 1314 N. Market		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>TRANSITIONAL CELL CARCINOMA OF THE URINARY BLADDER - GRADE IV</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	181.0

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	
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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 Month, Day, Year a.m. p.m.			
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 7/18/60 to 8/2/60 and last saw her/him alive on 8/2/60  
Death occurred at 4:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title) <i>Jerome H. Schmidt M.D.</i>		21b. ADDRESS 1515 LAFAYETTE AVE.		21c. DATE SIGNED 8/2/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Mausoleum	23b. DATE 8-4-60	23c. NAME OF CEMETERY OR CREMATORY MT. Hope Mausoleum		23d. LOCATION (City, town, or county) (State) St. Louis County	
24. FUNERAL DIRECTOR Weick Bros 2201 S. Grand Blvd.		25. DATE RECD. BY LOCAL REG. AUG 3 1960		26. REGISTRAR'S SIGNATURE <i>Earl Smith. M.D.</i> mjs	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SQA

**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 J Wm Bink  
Licensed Embalmer No. 365  
P. O. Address St Louis

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