

FILED VS

JAN 25 1961 318

1003

626

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. Registrar's No.

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 <b>ST. LOUIS</b>				Length of stay in lb <b>57 DAYS</b>		c. CITY OR TOWN <b>MISSOURI</b> <b>ST. LOUIS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>5017a OLEATHA</b>	
3. NAME OF DECEASED (Type or print) First <b>VIOLET</b> Middle <b>MEDA</b> Last <b>LaBEE</b>				4. DATE OF DEATH Month <b>JANUARY</b> Day <b>19</b> Year <b>1961</b>			
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>CAUCASIAN</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4/3/1902</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		9. AGE (last birthday) <b>58</b>		11. BIRTHPLACE (City and state or country) <b>ST. LOUIS, MISSOURI</b>	
13a. FATHER'S NAME <b>OSCAR J. MILLER</b>				13b. MOTHER'S MAIDEN NAME <b>TDA BRAND</b>		14. NAME OF HUSBAND OR WIFE <b>ALFRED F. LaBEE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO.		17. INFORMANT <b>ALFRED F. LaBEE</b> Address <b>SEE #2</b>	
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>CARCINOMA OF CERVIX (POST-IRRADIATION AND PELVIC EXENERATION)</b>							INTERVAL BETWEEN ONSET AND DEATH <b>5 YEARS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>171x</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>INTESTINAL FISTULA AND PELVIC ABSCESS</b>						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 <b>DEC. 16, 1955</b> to <b>JAN. 19, 1961</b> and last saw her/him alive on <b>JAN. 19, 1961</b> Death occurred at <b>1:50 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>C. Vermillion, M.D.</i> (Degree or title)				22b. ADDRESS <b>BARNES HOSPITAL</b>		22c. DATE SIGNED <b>1/19/61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>1/23/1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>MT. OLIVE CEMETERY</b>		23d. LOCATION (City, town, or county) <b>LEMAY, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>HOFFMEISTER COLONIAL MORTUARY</b> <b>6464 CHIPPEWA STREET ST. LOUIS, MISSOURI</b>				25. DATE RECD. BY LOCAL REG. <b>JAN 21 1961</b>		26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 John L. Dennehy  
Licensed Embalmer No. 4194  
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.