

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-035374

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2687 STATE FILE NUMBER

AMENDED
 DATE AMENDED
 ITEM NO.
 SHOULD READ
 BY AFFIDAVIT OF
 DOCUMENT
 MEDICAL CERTIFICATION
 INSTEAD OF

FILED SEP 27 1961

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Richmond Hgts.		c. CITY OR TOWN Overland	
Length of stay in lb 1 wk		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		d. STREET ADDRESS (If outside, give location) 2243 Hood	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Mary Middle E Last Mathews			4. DATE OF DEATH Month Sept. Day 22 , Year 1961
5. SEX Fem	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 8/20/91
9. AGE (last birthday) 70		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 HOME	11. BIRTHPLACE (City and state or country) Palmyra, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Wm. Battson	
13b. MOTHER'S MAIDEN NAME Alice Dixon		14. NAME OF HUSBAND OR WIFE John Mathews	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address John Mathews 2243 Hood	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ca of Colon - carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ca of Liver - Metastatic DUE TO (c) Months Months			INTERVAL BETWEEN ONSET AND DEATH Months Months
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 8-28-61 to 9-22-61 and last saw her ^{her} _{him} alive on 9-22-61 Death occurred at 4:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Samuel L. Stebbins, M.D.</i> (Doctor or title)		22b. ADDRESS 634 N. Grand Ave	
22c. DATE SIGNED 9-23-61		22d. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9/25/61	23c. NAME OF CEMETERY OR CREMATORY Lake Charles	
24. FUNERAL DIRECTOR Ortmann F Home		25. DATE RECD. BY LOCAL REG. 9-23-61	
ADDRESS 9222 Lackland		26. REGISTRAR'S SIGNATURE <i>John B. Murphy</i>	

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 Al C Ostmann

Licensed Embalmer No. 3478

P. O. Address _____

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.