

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025223  
STATE FILE NUMBER

318

1003

5848

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5848

FILED JUN 18 1962

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>5 1/2 Mos.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Missouri-Baptist</b>		d. STREET ADDRESS (If outside, give location) <b>295 Maple Drive</b>	
3. NAME OF DECEASED (Type or print) First <b>Leonora</b> Middle <b>G.</b> Last <b>Standley</b>		4. DATE OF DEATH Month <b>6</b> Day <b>10</b> Year <b>62</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</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>1/14/20</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Monsanto Chem. Co.</b>	11. BIRTHPLACE (City and state or country) <b>New Florence, Missouri</b>
13a. FATHER'S NAME <b>George Wm. Graue</b>		13b. MOTHER'S MAIDEN NAME <b>Pinky Belle Snedeker</b>	14. NAME OF HUSBAND OR WIFE <b>Mr. Harold Standley</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. <b>None</b>	17. INFORMANT <b>Mr. Harold Standley 295 Maple Drive Florissant, Missouri.</b>
18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatous Peritonei metastases to liver, lungs, spine adenocarcinoma sigmoid</b> DUE TO (b) <b>metastases to liver, lungs, spine</b> DUE TO (c) <b>adenocarcinoma sigmoid</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>metastases to Rt &amp; left Ovaries &amp; Skull</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 mo</b> <b>3 mo</b> <b>10 mo</b>
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.) <b>153.3</b>	
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>Sept 1961</b> to <b>June 10, 1962</b> and last saw her alive on <b>June 9, 1962</b> Death occurred at <b>7:00 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Dominic J. Verba M.D.</b>		22b. ADDRESS <b>4500 Olive St. St. Louis</b>	
22c. DATE SIGNED <b>6-11-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6/13/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County Missouri</b>
24. FUNERAL DIRECTOR <b>Calvin F. Feutz 4828 Natural Bridge Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 12 1962</b>	26. REGISTRAR'S SIGNATURE <b>Roan Smith, M.D.</b>

Dr. Dominic J. Verdaa  
4500 Olive St.  
FO 7-8400

Hours  
Mon. 12:30 - 6 P.M.  
Suggest about 4

**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 A. Mlinar

Licensed Embalmer No. 4186

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.