

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17287

FILED JUN 7 1955

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 590		Registrar's No. 1221					
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn		c. LENGTH OF STAY (In this place) 6 mos.		c. CITY OR TOWN Maplewood		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Shamrock Nursing Home				e. STREET ADDRESS (If rural, give location) 2639 Bredell Ave.							
3. NAME OF DECEASED (Type or Print) CORA			a. (First) CORA		b. (Middle) R		c. (Last) CONDIT				
4. DATE OF DEATH (Month) (Day) (Year) May 26, 1955		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 7-17-1881			
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) McLeansboro, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Reeker			13b. MOTHER'S MAIDEN NAME Unknown Marshall			14. NAME OF HUSBAND OR WIFE Julius Condit					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Edwin R. Condit, above				ADDRESS			
18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma left breast with Metastases to Brain & Bones</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last.</i> DUE TO (b) <i>Brain & Bones</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>170X</i>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <i>Oct 25, 1954</i> , to <i>May 26, 1955</i> , that I last saw the deceased alive on <i>May 24, 1955</i> , and that death occurred at <i>12:30 P.M.</i> , from the causes and on the date stated above.											
23a. SIGNATURE <i>Lewis Littmann</i> M.D.				23b. ADDRESS 8231 Clayton Rd. Clayton, Mo.		23c. DATE SIGNED 5-27-55					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-28-55		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. 5/30/55		REGISTRAR'S SIGNATURE <i>Kubert R. Donker, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH, Maplewood, Mo.							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *A. P. Burgess*.....

Licensed Embalmer No. *403*.....

P. O. Address *Maple*.....

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.