

S. No. 2
DM-5-43
v. 5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9327**
Registrar's No. **2868**

FILED APR 1 1948

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
residence-6117 Washington Blv'd.,
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6117 Washington Blv'd.,
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME EETHEL FORD O'HAYER
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex female / 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife D. J. O'Hayer
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased March 1 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	0	24	hr. min.

9. Birthplace Seneca Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER { 12. Name John A. Ford

13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie Gravatte

15. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Lois Kardell

(b) Address 6117 Washington Blv'd., St. Louis

17. (a) burial (b) Date thereof 3-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) MAR 27 1948 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th
 year 1944 hour 10 minute 45 P.M.
 21. I hereby certify that I attended the deceased from August 25
1943, to March 25, 1944;
 that I last saw h. er alive on March 25, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Generalized Carcinomatosis Duration 6 mo
 Due to Carcinoma of the ovary ? 1 yr

Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations Carcinoma of ovary with metastases
 Of autopsy.....

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?.....
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature John L. Homer (M. D. or other) M.D.
 Address 114 W. Taylor St. St. Louis Date signed 3-27-44

Dr. John L. Horner
114 North Taylor
JE-8600

1 to 4 P.M. *Local Wash*
Mon (order) 1 to 1:30

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clarence A. Murray
Licensed Embalmer No. 4011
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 this body is not embalmed, fact should be so stated above.