

FILED AUG 12 1944

Primary Registration District No. 3068

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2625 Sutton Ave.
(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 Mo. (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 2625 Sutton Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Oceania Pagan

(b) If veteran, name war _____ (c) Social Security No. 496-20-8810

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 20 1905
(Month) (Day) (Year)

8. AGE: Years 39 Months 4 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Puerto Rico
(City, town, or county) (State or foreign country)

10. Usual occupation Beautician

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant George H. Morrison

(b) Address 2625 Sutton Ave. Maplewood, Mo.

17. (a) Burial (b) Date thereof Aug 7 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Hill Cem

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave.

19. (a) AUG 8 - 1944 (b) E. H. Mc Gowan, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1944 hour 09:05 minute _____ M.

21. I hereby certify that I attended the deceased from March 17, 1943 to Aug 4, 1944
that I last saw her alive on 8-2, 1944
and that death occurred on the date and hour stated above

Immediate cause of death Carcinoma of Cervix
Duration 1 yr

Due to Ca. of Cervix 2 1/2 yr

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 3rd grade (Malignant) Adeno-Carcinoma of Cervix
Of operations _____
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) Manner of injury _____

23. Signature J. M. Seft (M. D. or other) M.D.
Address 4501 1/2 Manchester Date signed 8-4-44

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 3454

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

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.