S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17982

Registration District No. 317 Primary Registration District No. 3064 Registrar's No. 1028

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
236 Georgia Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Ferguson
(If outside city or town limits, write "RURAL")

(d) Street No. 236 Georgia Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Delores Marie Winner

3. (b) If veteran, name war

3. (c) Social Security No. 490-26-5791

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles H. Winner

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased March (Month) 3 (Day) 1923 (Year)

8. AGE: Years 23 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Ferguson (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Elmer F. Vance

13. Birthplace [illegible] (City, town, or county) Missouri (State or foreign country)

14. Maiden name Julia W. Vance

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

16. (a) Informant Charles H. Winner

(b) Address 236 Georgia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/46. (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Mo.

19. (a) 5-13-46 (Date received local registrar) (b) E.D. McDaniel M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1946 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from July 20, 1945, to May 8, 1946; that I last saw her alive on May 5, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of right Breast with Metastasis	
Due to: 5 D	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Carcinoma of Breast	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Geo. A. Carroll (M. D. or other)

Address 607 N. Grand Date signed 5/10/46

(Licensed Embalmer's Statement on Reverse Side)

JUL 8 1945

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 Lacey M. Shute

Licensed Embalmer No. 3973

P. O. Address Hergimer, Me

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.