

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28388**  
Registrar's No. **1613**

Primary Registration District No. **6076**

Filed for District **AUG 1 12 1946**

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

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town ST. ANNS LANE, NORMANDY, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
O'SULLIVAN NURSING HOME  
(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 Mon

(c) City or town ST. LOUIS 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 1802 1/2 RUTGER 9  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** GENEVIEVE WILLIAMS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month August day 1  
year 1946 hour 9:00 minute P M.

**21. I hereby certify that I attended the deceased from** June 1  
1946 to August 1, 1946  
that I last saw her alive on August 1, 1946  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Syvester 6. (c) Age of husband or wife if alive with years \_\_\_\_\_

7. Birth date of deceased: MAY 8 1909  
(Month) (Day) (Year)

Immediate cause of death: Carcinoma of the Cervix, with metastases to the brain, bones and liver

Due to \_\_\_\_\_

Due to 48 a

Duration 2 yrs

**8. AGE:**

Years	Months	Days	If less than one day
<u>37</u>	<u>2</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace: ST. LOUIS, MO (City, town, or county) (State or foreign country) (1)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

**MOTHER FATHER**

12. Name JOHN ISOM

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) SYRIA

14. Maiden name MARY FERRIS

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) SYRIA

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN** \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant MARY ISOM

(b) Address 1802 1/2 RUTGER

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 5 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation OLD S.S. PETER + PAUL

18. (a) Signature of funeral director Thos. K... ..

(b) Address 2906 GRANDIS

19. (a) 8-5-46 (Date received local registrar) (b) Edith Durand (Registrar's signature)

**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 Lewis Luttman (M. D. or other) LD  
Address 8231 Clayton Rd Date signed Aug 7, 1946

750'

Crossin

Pa. 3724

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..... *Leo J. Budde*.....

Licensed Embalmer No. *3989*.....

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.