

S. No. 2
M-1/47
v. 5-17-39

FEDERAL BUREAU OF INVESTIGATION

U.S. National Office of Vital Statistics
FILED APR 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10850
State File No.
3048
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: St. Louis
(c) Name of hospital or institution: Barnes Hospital
(d) Length of stay: 13 days
In this community: 13 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Callaway/14
(c) City or town: Fulton
(d) Street No.: W.R.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Mary Womack
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female 5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: James Womack
6. (c) Age of husband or wife if alive: 87 years
7. Birth date of deceased: December 6 1878

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 28 year 1948 hour 6 minute 25 A.M.
21. I hereby certify that I attended the deceased from 3-15-48 to 3-28 1948 that I last saw her alive on 3-28 1948 and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 3 Days 22

Immediate cause of death: Respiratory failure
Due to: Carcinoma of lymphatic glands of neck
Other conditions: b
Major findings: Biopsy - Reten's cell carcinoma
Of autops: b

9. Birthplace: Callaway Co. Missouri
10. Usual occupation: Housewife

MOTHER FATHER

11. Industry or business:
12. Name: John Gilmore
13. Birthplace: Missouri
14. Maiden name: Elizabeth Burgett
15. Birthplace: Callaway Co. Missouri
16. (a) Informant: Russell Jennings
(b) Address: Fulton, Mo.
17. (a) Burial (b) Date thereof: 3-30-48
(c) Place: burial or cremation: Fulton, Mo.
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) Date received local registrar: MAR 29 1948 (b) J. F. Berdeck (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?:
(d) Did injury occur in or about home, on farm, in industrial place, in public place?:
(e) Means of injury:
23. Signature: J. F. Berdeck (M.D. or other)
Address: Barnes Hospital, Date signed: 3/28/48

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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 Elmer R. Radwell

Licensed Embalmer No.....

P. O. Address.....

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.