

No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

33888
State File No. 8885
Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 932 LAUREL AVE 9
5 (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Allie Ballard
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 12
year 1948 hour 1:40 minute A M.
21. I hereby certify that I attended the deceased from
Oct. 1, 1948 to Oct 12, 1948
that I last saw her alive on Oct 12, 1948
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 DIVORCED
6. (b) Name of husband or wife LORENZI 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased FEB. 24 1891
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Cervix with Metastases
Duration 18 mo
Due to
Due to
Other conditions (Includes pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

8. AGE: Years 57 Months 7 Days 18 If less than one day hr. min.
9. Birthplace KENTUCKY (City, town, or county) (State or foreign country) 1
10. Usual occupation AT HOME

MOTHER FATHER
11. Industry or business
12. Name J. L. COY
13. Birthplace KEY (City, town, or county) (State or foreign country) 1
14. Maiden name UNKOWN
15. Birthplace KY (City, town, or county) (State or foreign country) 1

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?

16. (a) Informant Nancy W. Harp
(b) Address 932 Laurel Ave
17. (a) REMOVAL (b) Date thereof 10/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation PORTAGEVILLE, MO
18. (a) Signature of funeral director H. Muller
(b) Address 516 S. DEWITT ST. ST. LOUIS
19. (a) OCT 13 1948 (b) J. B. Rooster
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature Harold B Rapp (M. D. or other)
Address City Hospital St. Louis Date signed 10/12/48

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

NOV 8 1944

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 *A. G. Harris*

Licensed Embalmer No. *5384*

P. O. Address *St. Louis*

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.