

FILED NOV 9 1948

Registration District No. 577

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 34996

Registrar's No. 2457

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Mary's Hospital
(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

3. (a) PRINT FULL NAME Claude Womack

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Nellie Womack 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased October 10 1879
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Evansville, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Steamfitter

11. Industry or business _____

MOTHER FATHER { 12. Name Calvin L. Womack
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Maggie Cotton
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Womack
 (b) Address DeSoto, Missouri

17. (a) Removal (b) Date thereof 10-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lightfoot, Tenn.

18. (a) Signature of funeral director Dietrich Funeral Home
 (b) Address DeSoto, Missouri

19. (a) 10-22-48 (b) Bevilly Sharp MD
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
 (c) City or town DeSoto
(If outside city or town limits, write "RURAL")
 (d) Street No. 818 North 5th St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Oct. day 20
 year 1948 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 5, 1948 to 10-20, 1948
 that I last saw him alive on 10-20-48, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration 7 weeks!
 Due to Had terminal hemorrhage from stomach
 Due to 46 lb
 Other conditions... 46 lb
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of stomach
 Of operations generalized carcinoma of abdominal cavity
 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) no
 (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 0

23. Signature Dr. Bevilly Sharp (M. D. or other) MD
 Address 4500 Olive Date signed 10-21-48

REC 15 ADM

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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

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.