

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3148
Registrar's No. 412

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Furman Dealy Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3312 Blair Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>AGNES</u> b. (Middle) c. (Last) <u>RALSTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-13-49</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>6-11-1875</u>		9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>James Henthorn</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Hadden</u>		14. NAME OF HUSBAND OR WIFE <u>George Ralston</u>	
---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>James Homan</u>		ADDRESS <u>4320 Gano Ave</u>	
---	--	-------------------------	--	---	--	---------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Carcinoma of left breast & meta- stasis to RT. ribs and left femur.</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES <u>stasis to RT. ribs and left femur.</u> MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>5/10/48</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs.</u>	
---	--	--	--	--	--	---	--

19a. DATE OF OPERATION <u>breast op. refused.</u>		19b. MAJOR FINDINGS OF OPERATION <u>Lobotomy for control of pain Nov. 29, 1948. Ca of RT. frontal bone (metast.)</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.e., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					

22. I hereby certify that I attended the deceased from 11-17-48, to 1-13, 1949, that I last saw the deceased alive on 1-13, 1949, and that death occurred at 1:08 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Horace A. Lowe, Jr. M.D.</u>		23b. ADDRESS <u>1325 South Grand (4)</u>		23c. DATE SIGNED <u>14 Jan 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/15/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son, Inc.</u>			

DATE REC'D BY LOCAL REG. <u>JAN 14 1949</u>		REGISTRAR'S SIGNATURE <u>J.B. Laster</u>		ADDRESS <u>2161 East Fair Av</u>	
--	--	---	--	-------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

26

Final

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

William G. Buehler

Signed.....

Student Embalmer

Licensed Embalmer No.

2/110

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.