

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10637  
State File No. 2143  
Registrar's No.

318

1003

2143

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) Abt 40 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17 9			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4328 - Carlson Ave				d. STREET ADDRESS (If rural, give location) 4328a Easton Avenue					
3. NAME OF DECEASED (Type or Print) Laura Settles			a. (First)		b. (Middle) Settles		c. (Last)		
4. DATE OF DEATH		8/4/49		5. SEX Female		6. COLOR OR RACE Negro			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Abt 1865		9. AGE (In years last birthday) Abt. 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Hannibal, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE James Settles			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gertrude Settles, 4328a Easton Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left breast. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 50 DUE TO (c) 101 X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Invasions of Pleura by cancer						INTERVAL BETWEEN ONSET AND DEATH Over a year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., 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)		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 May, 1948, to Mar. 4, 1948, that I last saw the deceased alive on Feb. 10, 1948, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. H. Mansfield				23b. ADDRESS 4330a Easton Ave.		23c. DATE SIGNED 3/7/1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/9/1949		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.		24d. LOCATION (City, town, or county) (State) Saint Louis Co. Missouri			
DATE REC'D BY LOCAL REG. MAR 8 1949		REGISTRAR'S SIGNATURE J. B. Sasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Gates, 4107 Finney Avenue					

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

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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 \_\_\_\_\_

*Paul Freeman*  
.....  
working under my personal supervision.

Student Embalmer No. *276*

Signed *Paul Freeman*  
.....  
Student Embalmer

Signed *John K. Cunningham*  
.....

Licensed Embalmer No. *4474*

P. O. Address *St. Louis, Mo.  
4107 Sunnyside*

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.