

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17032**
Registrar's No. **3988**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 17032		Registrar's No. 3988			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before death, give institution.) 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) 1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston		9					
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital				d. STREET ADDRESS (If rural, give location) 6212 Ridge Ave.							
3. NAME OF DECEASED (Type or Print) a. (First) Margaret			b. (Middle) _____			c. (Last) Aitken			4. DATE OF DEATH (Month) (Day) (Year) May 2, 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 19, 1875		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 WKS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Scotland			12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME John Walker			13b. MOTHER'S MAIDEN NAME Mary Young			14. NAME OF HUSBAND OR WIFE William Aitken					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____							
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Rectum Sigmoid DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION 1944		19b. MAJOR FINDINGS OF OPERATION Inoperable Carcinoma of Rectum						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) H6 Mo							
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? 15 AX							
22. I hereby certify that I attended the deceased from 4/15 , 19 49 , to 5/2 , 19 49 , that I last saw the deceased alive on 5/2 , 19 49 , and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Wm. Weber M.D.				23b. ADDRESS 1506 Hodiament			23c. DATE SIGNED 5/3/49				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 5, 1949		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.					
DATE REC'D BY LOCAL MAY 3 1949		REGISTRAR'S SIGNATURE J. B. Sauter			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiament Ave.						

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10:48
1949
M.R.

Dr. Wm. K. Weber
1506 Hoddiamont Ave.
2-4 P. M.

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 me

Student Embalmer No.

working under my personal supervision.

Signed

Elmo P. Sadwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4077

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.