

FILED MAY 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17078

318

PRIMARY REG. DIST. NO. 1003

4116

BIRTH NO. _____		REG. DIST. NO. 318		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 _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) 7 mo 7 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights					
d. FULL NAME OF HOSPITAL OR INSTITUTION. Barnes Hospital				d. STREET ADDRESS (If rural, give location) 40 Lake Forest					
3. NAME OF DECEASED (Type or Print) Dorothy			a. (First) Dorothy		b. (Middle) R.		c. (Last) Bialock		
4. DATE OF DEATH May 4 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Unknown	
9. AGE (In years last birthday) Abt. 45		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Wm. Bialock			13b. MOTHER'S MAIDEN NAME Sarah Goldberg			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. R. G. Koppel-40 Lake Forest				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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant</u>				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomatosis</u>					
				DUE TO (c) <u>Carcinoma of Breast</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
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) _____		ST/LS 50	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 170X					
22. I hereby certify that I attended the deceased from Oct. 3, 1948, to May 1, 1949, that I last saw the deceased alive on May 1, 1949, and that death occurred at 7:00A m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Ruth V. Axelman</u>				(Degree or title) M.P.U.		23b. ADDRESS Barnes Hospital,		23c. DATE SIGNED 5/4/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/6/49		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.		24d. LOCATION (City, town, or county) St. Louis County, Mo.		(State)	
DATE REC'D BY LOCAL REGISTRY MAY 7 1949		REGISTRAR'S SIGNATURE <u>J. B. Slaughter</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Herward H. ...</u>		ADDRESS 5216 Selwyn		

(Licensed Embalmer's Statement on Reverse Side)

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

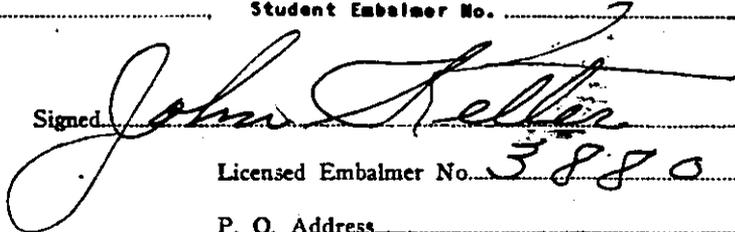
STATEMENT BY LICENSED EMBALMER

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 _____



Licensed Embalmer No. 3880

P. O. Address _____

Signed _____
Student Embalmer

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.