

FILED DEC 14 1949  
105324

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38664

State File No. 10398

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10398

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis, Missouri)		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (in this place) 45 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 932 Rutger Street	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) GOLDIE			b. (Middle) DOMLIN		
c. (Last) DOMLIN			5. SEX F / W		
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH June 22, 1894	
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		11. BIRTHPLACE (State or foreign country) Woodsfield, Ohio	
10b. KIND OF BUSINESS OR INDUSTRY At Home		12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME William S. Carleton		13b. MOTHER'S MAIDEN NAME Elizabeth Baker		14. NAME OF HUSBAND OR WIFE Tom Domlin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tom Domlin 932 Rutger Street	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix with		ANTecedent CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastases to periaortic nodes and lung		2 yrs.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cystitis			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) Hb	
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? 171X	

22. I hereby certify that I attended the deceased from 11/9/49, 19\_\_, to 11/30/49, 19\_\_, that I last saw the deceased alive on 11/30/49, 19\_\_ and that death occurred at 12:30pm., from the causes and on the date stated above.

23a. SIGNATURE Joseph E. Elder, M.D.		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 11/30/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-3-49		24c. NAME OF CEMETERY OR CREMATORY Oak Hill	
24d. LOCATION (City, town, or county) (State) Kirkwood, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE A.W. McLaughlin		ADDRESS 2301 Lafayette Ave	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 3 J.B. Laater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.W. McLaughlin 2301 Lafayette Ave	
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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.

Student .....  
Student Embalmer

Signed C W Cooper

Licensed Embalmer No. 3830

P. O. Address 230 Lafayette

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.