

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15322  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1111

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>	
c. LENGTH OF STAY (In this place)		4161	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2123 Cherry</u>		18. STREET ADDRESS (If rural, give location) <u>2123 Cherry</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frieda</u>	b. (Middle) <u>Mary</u>	c. (Last) <u>Ait</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>4</u> <u>27</u> <u>1950</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>9-6-1899</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>
----------------------	-------------------------------	-----------------------------------------------------------------------	----------------------------------	-------------------------------------------	-----------------------------------------------	----------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Tray Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--------------------------------------------------------------------------------------------------------------	---------------------------------------------------	----------------------------------------------------------	-----------------------------------------

13a. FATHER'S NAME <u>Fred Jabin</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Chris</u>
--------------------------------------	------------------------------------------	------------------------------------------

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 <u>Chris Ait</u>	ADDRESS <u>2123 Cherry St</u>
----------------------------------------------------------------------------------------------------------	-------------------------	----------------------------------------------------	-------------------------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF LIVER</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>6 Mo</u>
	ANTECEDENT CAUSES  Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	11. 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 <u>156.1</u>	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) (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 FEB, 1950, to 4-27, 1950 that I last saw the deceased alive on 4-27, 1950, and that death occurred at 9:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Taul E. Courtney</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>1713 Kenilworth Ave</u>	23c. DATE SIGNED <u>4-29-50</u>
----------------------------------------	-------------------------------	-----------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-30-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT Lebanon</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>
---------------------------------------------------------	--------------------------	------------------------------------------------------	--------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>4-30-50</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Lunde</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. A. Schrader</u>	ADDRESS <u>Funeral Home Ballwin, Mo</u>
-----------------------------------------	-----------------------------------------------	--------------------------------------------------------	-----------------------------------------

(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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address Thomas M

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.