

FILED JAN 13 1951

STANDARD CERTIFICATE OF DEATH

41948

State File No. ....

318

1003

Registrar's No. 10979

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....	
1. PLACE OF DEATH a. COUNTY <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. LENGTH OF STAY (in this place) <u>25 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Festus</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THERESA</u> b. (Middle) <u>Irene</u> c. (Last) <u>ALCOTT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 22, 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>Sept. 4, 1896</u>		9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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 _____		11. BIRTHPLACE (State or foreign country) <u>McKees Rock, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Dorr</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Pearson</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Alcott</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward Alcott, Festus, Mo.</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GASTRO INTESTINAL HEMORRHAGE</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>3 WKS</u>
		II. OTHER SIGNIFICANT CONDITIONS <u>CIRROSES OF LIVER WITH ACUTE HEPATIC FAILURE</u> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					<u>1 1/2 YRS</u> <u>3 WKS</u>
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)			
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? <u>578X</u>			
22. I hereby certify that I attended the deceased from <u>NOVEMBER 27, 1950</u> to <u>DECEMBER 22, 1950</u> , that I last saw the deceased alive on <u>DECEMBER 22, 1950</u> , and that death occurred at <u>2:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. A. Bradley</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>BARNES HOSPITAL</u>			23c. DATE SIGNED <u>12/22/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-26-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Festus &amp; Crystal Catholic</u>		24d. LOCATION (City, town, or county) (State) <u>Festus, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>DEC 23 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>			

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 *John J. Haines*  
Licensed Embalmer No. *4108*  
P. O. Address *St. Louis, Mo.*

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.