

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

5817

FILED FEB 16 1951

State File No. 1116 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
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		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		23
d. FULL NAME OF HOSPITAL OR INSTITUTION 1009 Allen Avenue (rear)			e. STREET ADDRESS (If rural, give location) 1009 Allen Avenue (Rear)		
3. NAME OF DECEASED (Type or Print) a. (First) HELEN		b. (Middle) M	c. (Last) ALLEN		4. DATE OF DEATH (Month) (Day) (Year) January 25, 1951
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Oct. 15, 1904	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Athens Illinois		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME Hamilton Fenton		13b. MOTHER'S MAIDEN NAME Dolly Wineland		14. NAME OF HUSBAND OR WIFE Fred	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dolly (Hazel) Chaffee 2015 Vestrehan Str.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF UTERUS ANTECEDENT CAUSES <i>Merbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 8 MONTHS
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION Biopsy - C.A.		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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 174X			
22. I hereby certify that I attended the deceased from Dec 21, 1950 , to Jan 25, 1951 , that I last saw the deceased alive on Jan 24, 1951 , and that death occurred at 2:15 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Willard E. Nash D.O.		23b. ADDRESS 1829 So 18th St		23c. DATE SIGNED 1/29/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-5-51	24c. NAME OF CEMETERY OR CREMATORY St. Matthews	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. FEB 5 1951		REGISTRAR'S SIGNATURE J. B. Fenton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin's 2501 Lafayette Avenue		

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

Dr. Willard Nash. OD
18th & Geyer Avenue

1776

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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....
L R Cooper

Licensed Embalmer No. *3363*

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.