

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1139
Registrar's No. 1139

FILED MAR 6 1951

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 St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsdale	
d. FULL NAME OF HOSPITAL OR INSTITUTION Depaul Hospital		d. STREET ADDRESS (If rural, give location) 2136 Cherry St.	

3. NAME OF DECEASED (Type or Print) a. (First) Ethel b. (Middle) Artie c. (Last) Doe			4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1951		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Jan. 13, 1902		9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Bonne Terre, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Benjamin Pigg			
13b. MOTHER'S MAIDEN NAME Laura Davis		14. NAME OF HUSBAND OR WIFE Otto Doe			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Otto Doe, 2136 Cherry St. Hills	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of uterus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with general metastasis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 2 yrs
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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) (STATE)	

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? 174X	
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22. I hereby certify that I attended the deceased from June, 1948, to 2-3-51, that I last saw the deceased alive on 2-3-51, 1951, and that death occurred at 6:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Albert H. Hoppe M.D.		23b. ADDRESS 7216 National Bldg.		23c. DATE SIGNED 2-5-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 2-4-51		24c. NAME OF CEMETERY OR CREMATORY Bonne Terre, Missouri	

DATE REC'D BY LOCAL REG. FEB 5 1951		REGISTRAR'S SIGNATURE J. B. Luster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2

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 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.