No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14836
4153

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (in this place) 2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2239
d. STREET ADDRESS (If rural, give location) 919a Lynch Street

3. NAME OF DECEASED (Type or Print)
a. (First) PEARL
b. (Middle)
c. (Last) UNDERWOOD

4. DATE OF DEATH (Month) APR. (Day) 30 (Year) 1951

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M
8. DATE OF BIRTH Dec. 3, 1897
9. AGE (In years last birthday) 53 — If under 1 year: Months 4, Days 7 — If under 24 hrs.: Hours, Min.

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) Missouri
12. CITIZEN OF WHAT COUNTRY? U

13a. FATHER'S NAME Myles Hosford
13b. MOTHER'S MAIDEN NAME Minerva Vaughn
14. NAME OF HUSBAND OR WIFE Leon H

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 Leon H. Underwood
ADDRESS 919a Lynch

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Ca of ovary & peritoneal + abdominal metasteses

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 175X

22. *I hereby certify that I attended the deceased from* 2-28-51, 19____, *to* 4-30-51, 19____, *that I last saw the deceased alive on* 4-30-51, 19____, *and that death occurred at* 7:35a m., *from the causes and on the date stated above.*

23a. SIGNATURE D. A. Rinklund M.D. (Degree or title)
23b. ADDRESS 1515 Lafayette Avenue
23c. DATE SIGNED 4-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-2-51
24c. NAME OF CEMETERY ~~OR CREMATORY~~ Mount Hope
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. MAY 2 1951
REGISTRAR'S SIGNATURE J. B. Foster
25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin
ADDRESS 2301 LaFayette

(Licensed Embalmer's Statement on Reverse Side)

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 L. B. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

Note:- The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.