No. 300
10.48

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

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21306

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5461

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
c. LENGTH OF STAY (In this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Barnard Free Skin & Cancer Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimmswick 0500
d. STREET ADDRESS (If rural, give location): R.R. # 1

3. NAME OF DECEASED (Type or Print): a. (First) Nettie b. (Middle) Edith c. (Last) Emerson

4. DATE OF DEATH: (Month) 6 (Day) 15 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12-20-1876
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 5, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Primas Emerson
13b. MOTHER'S MAIDEN NAME: Mary A. Ware
14. NAME OF HUSBAND OR WIFE:

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: Hospital Record — St. Louis, Mo. ADDRESS

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension + Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: *Conditions contributing to the death but not related to the disease or condition causing death.* Carcinoma Breast —

19a. DATE OF OPERATION: 6-9-51
19b. MAJOR FINDINGS OF OPERATION: Radical Mastectomy —
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? 331 XH

22. *I hereby certify that I attended the deceased from* June 1, 1951, *to* June 15, 1951, *that I last saw the deceased alive on* June 15, 1951, *and that death occurred at* 12:54 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Albert M Repetto M.D. (Degree or title) D
23b. ADDRESS: Barnard Skin & Cancer Hosp.
23c. DATE SIGNED: 6-15-51

24a. BURIAL, CREMATION, REMOVAL (Specify): D
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: BURGESS CEMETERY
24d. LOCATION (City, town, or county) (State): ANTONIA, MO.

DATE REC'D BY LOCAL REG.: JUN 15 1951
REGISTRAR'S SIGNATURE: J. B. Lasata
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: HEILIGTAG FUN. HOME KIMMSWICK MO

(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~~.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed. Arthur W. Neilington

Signed.....
Student Embalmer

Licensed Embalmer No. 3872

P. O. Address.....

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.