

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24228

FILED JUL 16 1951

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo.				c. LENGTH OF STAY (in this place) 4534			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2255 LICHERI.				d. STREET ADDRESS (If rural, give location) 2609 BELLEVUE			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
JALLY		LATHAM		ALEXANDER		4. DATE OF DEATH (Month) (Day) (Year) July 2, 1951	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 26, 1884	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME DR. HENRY LATHAM		13b. MOTHER'S MAIDEN NAME LOLU TALAFERRO		14. NAME OF HUSBAND OR WIFE RIPLEY BROWN ALEXANDER			
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. 493 81 3399		17. INFORMANT'S SIGNATURE OR NAME R. B. ALEXANDER			
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) Carcinomatous of Abdomen				INTERVAL BETWEEN ONSET AND DEATH 6 Months	
		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.					
19a. DATE OF OPERATION 7/6/51		19b. MAJOR FINDINGS OF OPERATION Carcinomatous of Abdomen (Adenocarcinoma) from Rt. Ovary				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 175X			
22. I hereby certify that I attended the deceased from Jan, 1951, to July 2, 1951, that I last saw the deceased alive on 6/27, 1951, and that death occurred at 2 P.M., from the causes and on the date stated above.							
23a. SIGNATURE J. B. Lanster				23b. ADDRESS M.D. 6336 Clayton Road		23c. DATE SIGNED 7/12/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 4, 1951		24c. NAME OF CEMETERY OR CREMATORY LATHAM, Cem		24d. LOCATION (City, town, or county) (State) LATHAM, Mo.	
DATE REC'D BY LOCAL REG. JUL 2 1951		REGISTRAR'S SIGNATURE J. B. Lanster		25. FUNERAL DIRECTOR'S SIGNATURE M. J. Grayham			
				ADDRESS 7146 Manchester			

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.

Signed.....
Student Embalmer

Signed *Leland O. Yakusko*.....
Student Embalmer No.....

Licensed Embalmer No. *3917*.....

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.