

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39833

State File No. ....

FILED NOV 28 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8840**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>			c. LENGTH OF STAY (in this place) <b>3-days</b>			c. CITY (If outside corporate limits, write RURAL and give township) <b>25 TOWN Maryland Heights Rural 4287</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>#25 Shumate Ave R#1 Box 548</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Christopher</b>			b. (Middle) <b>Thomas</b>		c. (Last) <b>Treadway</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 4, 1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Mar. 4, 1901</b>	9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pattern Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Am. Mageneese Steel</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Edward Treadway</b>			13b. MOTHER'S MAIDEN NAME <b>Amanda Lowry</b>		14. NAME OF HUSBAND OR WIFE <b>Marie Treadway</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-05-0269</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Marie Treadway Robertson, Mo. R#1 Box 548</b> ADDRESS			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>Bronchogenic Carcinoma</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 MO?</b>	
		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 <b>7/12/51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Confused above</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <b>162X</b>			
22. I hereby certify that I attended the deceased from <b>7/7</b> , 1951, to <b>Oct 4</b> , 1951, that I last saw the deceased alive on <b>Sept 15, 1951</b> , and that death occurred at <b>5:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>James L. Mudd M.D.</b>				23b. ADDRESS <b>634 N Grand Blvd</b>		23c. DATE SIGNED <b>10/5/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-6-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fee Fee Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Pattonville, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>OCT 6 1951</b>		REGISTRAR'S SIGNATURE <b>Carl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. ...</b> ADDRESS <b>2504-Woodson Rd-Overland-14-Mo.</b>			

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

(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 3454

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, 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.