

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9869

State File No.

FILED MAR 24 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1964

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1964	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Washington			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI				c. CITY (If outside corporate limits, write RURAL and give township) Nashville 8120			
c. LENGTH OF STAY (in this place)				d. STREET ADDRESS (If rural, give location) 103 W. Lebanon St. 8			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL							
3. NAME OF DECEASED (Type or Print)		a. (First) LENA		b. (Middle) LOUISE		c. (Last) DEREMIAH	
4. DATE OF DEATH		(Month) 2		(Day) 28		(Year) 52	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2		8. DATE OF BIRTH Nov. 16, 1880		9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Hoyleton, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Henry Redeker		13b. MOTHER'S MAIDEN NAME Charlotte Friend		14. NAME OF HUSBAND OR WIFE Unavailable			
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 Mrs. Ralph Morrison, Nashville, Ill.			
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) PERITONITIS				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA OF THE HEAD OF PANCREAS				3 months			
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		19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF PANCREAS				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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 157X			
22. I hereby certify that I attended the deceased from 2/10 , 19 52 , to 2/28 , 19 52 , that I last saw the deceased alive on 2/28 , 19 52 , and that death occurred at 12:45A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. D. Vermillion, M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 2/28/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-28-52		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) Nashville, Ill.	
DATE REC'D BY LOCAL REG. FEB 29 1952		REGISTRAR'S SIGNATURE John Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.D. Mann Funeral Home, Nashville, Ill.			

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

J. Wm Benkley

Licensed Embalmer No.

3653

P. O. Address.....

H Lewis

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.