

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10415

State File No.

FILED MAR 22 1952

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1708

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (in this place)		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMIN DESLOGE		d. STREET ADDRESS (If rural, give location) 5323 A ST. LOUIS	
3. NAME OF DECEASED (Type or Print) Minnie		4. DATE OF DEATH (Month) (Day) (Year) Feb 22, 1952	
a. (First)		b. (Middle)	
c. (Last)		5. SEX F	
6. COLOR OR RACE Wh.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH 10/11/85		9. AGE (in years last birthday) 6 years	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) High Point MISSOURI		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John Pennington		13b. MOTHER'S MAIDEN NAME Mary Smith	
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) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME James Clifford Pennington	
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.		19. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unemia due to ureteral obstruction		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Abdominal carcinomatosis DUE TO (c) Carcinoma of Rectum.			
19a. DATE OF OPERATION MAY, 1951		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum.	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 15 ft			
22. I hereby certify that I attended the deceased from Feb 20, 1952, to Feb 22, 1952, that I last saw the deceased alive on Feb 22, 1952, and that death occurred at 8:10 Pm., from the causes and on the date stated above.			
23a. SIGNATURE J. W. Clauson, M.D.		23b. ADDRESS 1325 South Grand.	
23c. DATE SIGNED 2/29/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/24/52	
24c. NAME OF CEMETERY OR CREMATORY High Point Cem		24d. LOCATION (City, town, or county) (State) High Point, Mo.	
DATE REC'D BY LOCAL REG. FEB 25 1952		REGISTRAR'S SIGNATURE J. Carl Smith, M.D. mjc.	
25. FUNERAL DIRECTOR'S SIGNATURE Fred C. Henke		ADDRESS 4911 Washington Blvd	

(Licensed Embalmer's Statement on Reverse Side)

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

571

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.....
Student Embalmer

Signed

John J. Haines

..... Licensed Embalmer No. *4108*

..... P. O. Address *St. Louis 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.