

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18393

State File No.

MAY 19 1952

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 4202

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4202			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		2149			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5625 Loran Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>5625 Loran Ave.</u>					
3. NAME OF DECEASED (Type or Print) <u>Gladys Blanche</u>			a. (First) _____		b. (Middle) _____		c. (Last) <u>Patrick (Cross)</u>		
4. DATE OF DEATH		(Month) (Day) (Year)		<u>May 5, 1952</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 10, 1895</u>			
9. AGE (In years last birthday) <u>56</u>		# UNDER 1 YEAR Months _____		# UNDER 1 YEAR Days _____		# UNDER 1 MIN. Hours _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Beaver, S. Dakota</u>			
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME <u>Rosell Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Millie Morris</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Patrick</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Patrick</u>				ADDRESS <u>5625 Loran Ave.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Spinal cord tumor</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yr.</u>	
		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 _____		19b. MAJOR FINDINGS OF OPERATION _____						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? <u>237X</u>					
22. I hereby certify that I attended the deceased from <u>Summer, 1950</u> , to <u>5-5-</u> , 1952, that I last saw the deceased alive on <u>5-4-</u> , 1952, and that death occurred at <u>6 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u>				(Degree or title) _____		23b. ADDRESS <u>5203 Chipper...</u>		23c. DATE SIGNED <u>5-5-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5-7-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>		24d. LOCATION (City, town, or county) <u>St. Louis Missouri</u>		(State) _____	
DATE REC'D BY LOCAL <u>MAY 5 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>6322 S. Grand</u>		

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

David L. ...

Licensed Embalmer No. *2222*

P. O. Address *6322 ...*

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.