

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

21827

State File No. ....

**JUL 9 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5998**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2169</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3546a Arsenal St.</b>		d. STREET ADDRESS (If rural, give location) <b>16 3546a Arsenal St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>AUDREY</b> b. (Middle) <b>MAE</b> c. (Last) <b>CARNEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 24 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 4, 1928</b>
9. AGE (In years last birthday) <b>23</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. BIRTHPLACE (State or foreign country) <b>Cherokee Co. Ga.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Key Punch Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Automobile Ins. Ass'n.</b>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>George Carney</b>		13b. MOTHER'S MAIDEN NAME <b>Fredda Tillison</b>	
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) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>George Carney</b> ADDRESS <b>3546a Arsenal St.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Glioma left parietal-temporal lobe</b>		II. OTHER SIGNIFICANT CONDITIONS <b>Ca. Rectum 6 yrs ago - Permanent Obstruction</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>severe convulsive seizure</b>	
		DUE TO (c)		DUE TO (c) <b>Persistent vaginal bleeding</b>	
19a. DATE OF OPERATION <b>2-4-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Glioma (astrocytoma) left temp parietal lobe.</b>		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? <b>154X</b>	
22. I hereby certify that I attended the deceased from <b>11/29/49</b> , 19___, to <b>6/24/52</b> , 19___, that I last saw the deceased alive on <b>6/24/52</b> , 19___, and that death occurred at <b>5:00P</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>A. J. Plog M.D.</b>		23b. ADDRESS <b>3150 Morganford</b>		23c. DATE SIGNED <b>6/25/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Jun. 27, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL PARK</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegsheuser</b> ADDRESS <b>4228 S. Kingshighway Bl.</b>			

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

JUN 26 1952

REGISTRAR'S SIGNATURE **J. Carl Smith M.D.**  
**2193**

(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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Eamon A. Mc Dermott*

Licensed Embalmer No. *3024*

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.