

STANDARD CERTIFICATE OF DEATH

FILED JUN 27 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5439

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 town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If rural, give location) 4122 Haven St	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Weaver c. (Last) Westfall			4. DATE OF DEATH (Month) (Day) (Year) 6-11-1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 9-10-1877	9. AGE (In years last birthday) 74	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY ****		11. BIRTHPLACE (State or foreign country) Pennsylvania	
13a. FATHER'S NAME John Shullenberger			13b. MOTHER'S MAIDEN NAME Anna Arts		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 Mrs. E.W. Bledsoe		ADDRESS 4144 Haven St	
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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) Acute Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH 1 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Disease		
	DUE TO (c) Carcinoma of Rectum		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Colostomy			

19a. DATE OF OPERATION May 17 52		19b. MAJOR FINDINGS OF OPERATION Adeno Carcinoma of Rectum		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE No		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) (Minute) No		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4-2-52	

22. I hereby certify that I attended the deceased from **May 14, 1952**, to **June 17, 1952**, that I last saw the deceased alive on **June 11, 1952**, and that death occurred at **1:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Raymond D. Bryan M.D.		23b. ADDRESS 508 N. Grand		23c. DATE SIGNED 6/17/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-14-1952		24c. NAME OF CEMETERY OR CREMATORY Miriam Cemetery	
		24d. LOCATION (City, town, or county) (State) Maryville Mo			

DATE REC'D BY LOCAL REG. JUN 13 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhein Ben		ADDRESS 6409 Gravois Ave	
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Dr. Henry Thym 508 N. Grand A
ME 9501
PERMANENT RECORD 2 to 3
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed..... *Law M. Sigmon*

Licensed Embalmer No. *4343*

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.