

FILED JUL 31 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 26179  
 Registrar's No. 6952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

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	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 3809 Cook Ave.	
3. NAME OF DECEASED (Type or Print) Alice G Oliver		4. DATE OF DEATH (Month) (Day) (Year) 7 15 1952	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 15 1891
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pvt. Nurse	11. BIRTHPLACE (State or foreign country) LaMar, Mississippi
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pvt. Nurse		10b. KIND OF BUSINESS OR INDUSTRY Self	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Levi W. Jenkins		13b. MOTHER'S MAIDEN NAME Georgia Enns	14. NAME OF HUSBAND OR WIFE Thos. J. Oliver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thos. J. Oliver 3809 Cook Ave.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH Undet.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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?		170X	
22. I hereby certify that I attended the deceased from 7-8 1952, to 7-15 1952, that I last saw the deceased alive on 7-15 1952, and that death occurred at 9:13a m., from the causes and on the date stated above.			
23a. SIGNATURE Wm J. Reid		23b. ADDRESS M. D. U. 2601 N Whittier St	
23c. DATE SIGNED 7-16-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/19/52	
24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. JUL 18 1952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates 4107 Finney Ave	

Wm J. Reid

REGISTRAR'S SIGNATURE  
 J. Carl Smith MD  
 mjs

**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 *[Handwritten Signature]*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4259*.....

P. O. Address *4077*.....

**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.