

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26475

FILED JUL 22 1952

State File No. _____

318

1003

6276

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>St Louis Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethesda Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>5827 Henner Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) <u>M.</u> c. (Last) <u>Whalen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 52</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>Feb 5 1890</u>			9. AGE (In years last birthday) <u>62</u> # UNDER 1 YEAR Months _____ # UNDER 1 YEAR Days _____ # UNDER 1 YEAR Hours _____ # UNDER 1 YEAR Mins. _____		

10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Perry Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Vincent Reddick</u>		13b. MOTHER'S MAIDEN NAME <u>Dont Know</u>		14. NAME OF HUSBAND OR WIFE <u>Leo J Whalen.</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leo J Whalen 5827 Henner Ave.</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adeno Carcinoma of Rt Ovary</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>						INTERVAL BETWEEN ONSET AND DEATH <u>11 mo</u> <u>1 yr.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Adeno Carcinoma of right ovary with metastases to colon</u>						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) <u>St Louis Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Year) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>175X</u>							

22. I hereby certify that I attended the deceased from Aug 15, 1951 to June 30, 1952, that I last saw the deceased alive on June 30, 1952, and that death occurred at 12:05 a.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Miss Leibel MD</u>			23b. ADDRESS <u>512 Dear Lane</u>			23c. DATE SIGNED <u>7/1/52</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 3 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo.</u>			
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DATE REC'D BY LOCAL REG. <u>JUL 1 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stroot-Carroll 4600 Natural Bridge</u>				
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Albert Mayfield

Licensed Embalmer No. 3077

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.