No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36893

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9560

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place): 7 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bethesda General Hospital 5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2059
d. STREET ADDRESS (If rural, give location): 5920 Washington Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Miller
c. (Last): Stover

4. DATE OF DEATH (Month) (Day) (Year): Oct. 15, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 10, 1870
9. AGE (In years last birthday): 82 — If under 1 year: Months 3, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Harmony, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Aaron Miller
13b. MOTHER'S MAIDEN NAME: Lois Mary Ennis
14. NAME OF HUSBAND OR WIFE: W.R.Stover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: W.R.Stover 5920 Washington

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Sigmoid Colon

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 (1) Myocorditis, Pericorditis (2) Incarcerated femoral hernia

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 10/15/52
19b. MAJOR FINDINGS OF OPERATION: Incarcerated Femoral Hernia Carcinoma of Sigmoid Colon
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 153X

22. *I hereby certify that I attended the deceased from* Oct. 8, 1952, *to* Oct. 15, 1952, *that I last saw the deceased alive on* Oct. 15, 1952 *and that death occurred at* 2:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W Stewart M.D.
23b. ADDRESS: 4660 Maryland St. Louis Mo.
23c. DATE SIGNED: 10/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 18-1952
24c. NAME OF CEMETERY OR CREMATORY: Bellfontaine Cem.
24d. LOCATION (City, town, or county) (State): St Louis Mo.

DATE REC'D BY LOCAL REG.: OCT 17 1952
REGISTRAR'S SIGNATURE: J Earl Smith M.D. M.B.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Louis H. Bapp Inc Kirkwood Mo

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Felix Durand

Signed.....
Student Embalmer

Licensed Embalmer No. 3034

P. O. Address 1 Kirkwood 22

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.