

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

36952

FILED OCT 21 1952

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State File No.

9215

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MASSACHUSETTS b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ANDOVER		82009	
d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTIAN Hosp				d. STREET ADDRESS (If rural, give location) 33 SUMMER ST.			
3. NAME OF DECEASED (Type or Print) a. (First) LUCRETIA		b. (Middle)		c. (Last) URBACH		4. DATE OF DEATH (Month) (Day) (Year) 10-4-52	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 5-16-1895	
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ANDOVER MASS	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME ALBERT W. LOWE		13b. MOTHER'S MAIDEN NAME MABEL F. SMITH		14. NAME OF HUSBAND OR WIFE WALTER F. URBACH	
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 ADDRESS Walter F. Urbach 33 Summer			
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>Carcinoma of uterus,</u> ANTECEDENT CAUSES <u>extensive into bladder + colon.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 year (?)</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 174X			
22. I hereby certify that I attended the deceased from <u>Sept 27, 1952</u> , to <u>Oct. 3, 1952</u> , that I last saw the deceased alive on <u>Oct 3, 1952</u> , and that death occurred at <u>4:15</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Berkle Ed (M.D.)</u>				23b. ADDRESS <u>508 N. Grand</u>		23c. DATE SIGNED <u>Oct. 4, 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>10-6-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co. Mo</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>OCT 6 1952</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alvino Little 2707 N Grand</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—0

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

V E Morris

Signed

Student Embalmer

Licensed Embalmer No. 3260

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.