

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39938

| | | | | | | | |
|---|-------------------------------|---|---|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 10270 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 40-yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2179 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3119 Geyer Ave. | | | | d. STREET ADDRESS (If rural, give location) 3119 Geyer Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Alice | | | b. (Middle) T. | | c. (Last) Aylward | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1952 |
| 5. SEX F. | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) S | | 8. DATE OF BIRTH April 24, 1894 | 9. AGE (in years) (last birthday) 58 | 10. UNDER 1 YEAR Months 6 Days 12 | 11. UNDER 18 HRS. Hours 0 Mins. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper- Scruggs Van.-Barney | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Springfield, Ill. | | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME Thomas Aylward | | | 13b. MOTHER'S MAIDEN NAME Honore Stack | | 14. NAME OF HUSBAND OR WIFE | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Mary Aylward, 3119 Geyer Ave. | | | |
| 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) Carcinomatous ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ca. of Breast 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 |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input 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? 170X. | | | |
| 22. I hereby certify that I attended the deceased from October 19, 1947 , to 11-6-1952 , that I last saw the deceased alive on 11-5-1952 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Carl Keith M.D. (Degree or title) | | | | 23b. ADDRESS St. Louis, Mo. | | 23c. DATE SIGNED 11-6-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Nov. 8, 1952 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | |
| DATE REC'D BY LOCAL REG. NOV 7 1952 | | REGISTRAR'S SIGNATURE Carl Keith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly | | ADDRESS 3840 Lindell Blvd. | |

(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 Francis Williamson

Licensed Embalmer No. 3565

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.