

43425

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED JAN 10 1952  
1-10-52

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **11686**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5655 Lotus Ave</b>		d. STREET ADDRESS (If rural, give location) <b>5655 Lotus Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Helen</b> b. (Middle) <b>M.</b> c. (Last) <b>Furlong</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 18 1952</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 5 1885</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <b>Michael Tobin</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah McNamee</b>	14. NAME OF HUSBAND OR WIFE <b>Frank Furlong</b>
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 <b>Frank Furlong 5655 Lotus Ave.</b>

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Internal absorption</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b> <b>1 yr.</b> <b>2 yr. +</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinomatous</b> DUE TO (c) <b>Carcinoma of ovary</b>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <b>Dec 1950</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma</b>	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) <b>St. Louis Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>175X</b>

22. I hereby certify that I attended the deceased from **Nov 1950**, to **Dec 1952**, that I last saw the deceased alive on **12/17 1952**, and that death occurred at **1:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. S. White A.M.D.O.</b>	23b. ADDRESS <b>Live Oak St. Louis Mo</b>	23c. DATE SIGNED <b>12/19/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/20/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		

DATE REC'D BY LOCAL REG. <b>DEC 19 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MO</b>	2. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sullivan's 2849 N. Euclid Ave.</b>
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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.....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Robert L. Pinkman*  
Student Embalmer No. ....  
Licensed Embalmer No. *3553*  
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.