

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44787**
Registrar's No. **11845**

FILED JAN 26 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Desloge Hospital		d. STREET ADDRESS (If rural, give location) 3559 Lindell Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) Marguerite b. (Middle) c. (Last) DeBardeden		4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1952	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH Feb. 25, 1906
9. AGE (In years, less birthday) 46		10. MONTHS 9	10. DAYS 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-McQuay Norris Corp.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Selma, Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME Frederick A. DeBardeden	13b. MOTHER'S MAIDEN NAME Willie Maude Watson	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. not known	17. INFORMANT'S SIGNATURE OR NAME Miss Ruth DeBardeden, 5244 Waterman Ave.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 2 years.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic carcinoma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the breast		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 12-22-52	19b. MAJOR FINDINGS OF OPERATION Biopsy hypopharynx node malignancy; bilateral oophorectomy + left adrenalectomy.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from **Nov. 1, 1952**, to **Dec. 23, 1952**, that I last saw the deceased alive on **Dec 23, 1952**, and that death occurred at **8 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Augustine Jones M.D.	23b. ADDRESS 634 N. Grand, St. Louis, Mo.	23c. DATE SIGNED 12-24-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 24, 1952	24c. NAME OF CEMETERY OR CREMATORY New Live Oak Cemetery	24d. LOCATION (City, town, or county) (State) Selma, Alabama
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DATE REC'D BY LOCAL REG. DEC 24 1952	REGISTRAR'S SIGNATURE Paul Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. H. ...	ADDRESS Lindell Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Ms. The. Reed

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.