

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 3518  
1003 Registrar's No. 0888

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 324 Victor St.				d. STREET ADDRESS (If rural, give location) 23 324 Victor St.			
3. NAME OF DECEASED (Type or Print)			a. (First) Lillie	b. (Middle) -----	c. (Last) Modglin	4. DATE OF DEATH (Month) (Day) (Year) January 25, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH January 28, 1878	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME Neal Bailey			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Frank		
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 Verbel Bailey 324 Victor St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma				DUE TO (b) Adeno-Carcinoma of Ovary, 20 yrs.			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				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 July 11, 1951		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rt Ovary & localized Metastasis.				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 17.5X			
22. I hereby certify that I attended the deceased from July 1, 1951, to April 29, 1952, that I last saw the deceased alive on April 29, 1952, and that death occurred at 10:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Richard Mucherman				23b. ADDRESS 634 N. Grand		23c. DATE SIGNED Jan 26, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 28, 1953		24c. NAME OF CEMETERY OR CREMATORY Bunker Cemetery		24d. LOCATION (City, town, or county) (State) Bunker, Missouri.	
DATE REC'D BY LOCAL REG. JAN 26 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hoffmeister U. & L. Co. 7814 S. Broadway			

(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

*Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 Broadway*

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.