

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34378

State File No.

FILED SEP 24 1953

8310

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 <u>MISSOURI</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>	c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>24 3704 Iowa</u> <u>2249</u>	

3. NAME OF DECEASED (Type or Print) <u>MARY</u>	a. (First)	b. (Middle)	c. (Last) <u>ZEEPARET</u>	4. DATE OF DEATH <u>AUGUST 25, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>2-3-1878</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RESTAURANT</u>	11. BIRTHPLACE (City and State of Foreign Country) <u>Gillespi, Ill 1</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm Leverette</u>	13b. MOTHER'S MAIDEN NAME <u>MARY Lane</u>	14. NAME OF HUSBAND OR WIFE <u>Wm Leverette</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>352-20-0522</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lille Haller</u>	ADDRESS <u>3704 Iowa, St. Louis</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 MONTH</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>AZOTEMIA</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>METASTATIC CARCINOMA</u> DUE TO (c) <u>CARCINOMA OF RECTUM</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HYPOPLASTIC KIDNEY (RGT.)</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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? <u>154X</u>

22. I hereby certify that I attended the deceased from 8-17-53, 1953, to 8-25-53, 1953, that I last saw the deceased alive on 8-25-53, 1953, and that death occurred at 8:05P m., from the causes and on the date stated above.

23a. SIGNATURE <u>William P. Trigg, M.D.</u>	(Degree or title)	23b. ADDRESS <u>1515 Lafayette Avenue</u>	23c. DATE SIGNED <u>8-26-53</u>
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24a. BURIAL, CREMATION, REMOVAL <u>REMOVAL</u>	24b. DATE <u>8-27-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. CARMEL CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>E. St. Louis, Ill.</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>AUG 27 1953</u> <u>J. Earl Smith, R.M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Reina</u>	ADDRESS <u>St. Louis</u>
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Frank Prohoff

Licensed Embalmer No. 43

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.