

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44805

State File No.

FILED DEC 29 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 300 Registrar's No. 3234

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>RURAL - CLAYTON TOWNSHIP</u>)		c. LENGTH OF STAY (In this place) <u>4 MOS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Clayton Mo</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lackland & Lindburg</u>				d. STREET ADDRESS (If rural, give location) <u>Lackland & Lindburg</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Goldie</u>			b. (Middle) <u>Mae</u>		c. (Last) <u>Roark</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 18 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 24, 1909</u>		9. AGE (In years last birthday) <u>43</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mt. Sterling, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James C. Gilmore</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Werner Roark</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Werner Roark Rt 1 Creve Coeur, Mo.</u>				
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Squamous Cell CA of Cervix</u>				ANTECEDENT CAUSES DUE TO (b) <u>Metastases</u>					
				DUE TO (c) <u>Rectal Obstruction Due</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rectal Obstruction Due</u>									
19a. DATE OF OPERATION <u>11-23-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>To. CA - Colostomy</u>					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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>11-20, 1953</u> to <u>11-30, 1953</u> , that I last saw the deceased alive on <u>11-30, 1953</u> , and that death occurred <u>11-18-53</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Ronald E. Hoffmann M.D.</u>				23b. ADDRESS <u>601 S Brentwood Blvd</u>		23c. DATE SIGNED <u>12-18-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 20, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Pond Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-18-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domba M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Funeral Home Ballwin, Mo.</u>					

COPY 1 - EARLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

385960118

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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Bullwin, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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