

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6610

1003 State File No.

FILED MAR 4 1954

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO.

Registrar's No. 1295

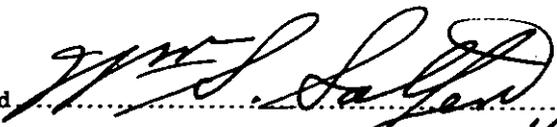
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|--|---------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Desloge Hospital | | e. STREET ADDRESS (If rural, give location) 19 4001 Washington Blvd. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) O. c. (Last) Myers | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1954 | |
| 5. SEX / F. | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. | 8. DATE OF BIRTH Feb. 4, 1884 |
| 9. AGE (In years last birthday) 70 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 11. BIRTHPLACE (City and State or Foreign Country) Mo. |
| 13a. FATHER'S NAME James F. Crenshaw | | 13b. MOTHER'S MAIDEN NAME Emma Teroy | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise M. King, 4001 Washington Blvd. | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cirrhosis of the liver ANTECEDENT CAUSES also - Carcinomatosis, generalized Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. due to Carcinoma of the breast DUE TO (b) 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 | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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) | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 22. I hereby certify that I attended the deceased from October 15, 1951, to Feb. 10, 1954, that I last saw the deceased alive on Feb. 9, 1954, and that death occurred at 120 a. m., from the causes and on the date stated above. | | 21f. HOW DID INJURY OCCUR 170 X | |
| 23a. SIGNATURE (Degree or title) <i>Augustine J. ...</i> | | 23b. ADDRESS 634 N. Grand | |
| 23c. DATE SIGNED 2-10-54 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Feb. 11, 1954 | |
| 24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery | | 24d. LOCATION (City, town, or county) (State) Hayti, Mo. | |
| DATE REC'D BY LOCAL REG. FEB 10 1954 | | REGISTRAR'S SIGNATURE <i>J. C. Smith</i> | |
| | | FUNERAL DIRECTOR'S SIGNATURE <i>Arthur J. Donnelly</i> ADDRESS Lindell Blvd. | |

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 emb
by me, or by ~~me~~, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.