

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1954

State File No. 6922

Registrar's No. 2187

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. <u>6922</u>		Registrar's No. <u>2187</u>									
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY													
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>21 2534 Olive St.</u>		<u>2219</u>											
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Mildred</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Vertrees</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 7, 1954</u>								
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Jan. 3, 1913</u>		9. AGE (In years last birthday) <u>41</u>		IF UNDER 1 YEAR Days IF UNDER 10 HRS. Hours IF UNDER 15 MIN. Mins.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cashier</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Cafeteria</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>								
13a. FATHER'S NAME <u>Jacob Vertrees</u>			13b. MOTHER'S MAIDEN NAME <u>Theresa Zoellner</u>			14. NAME OF HUSBAND OR WIFE <u>None</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>486-22-8653</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Everett Vertrees, 9630 Margo Ann La.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Purulent Pyelonephritis</u> DUE TO (c) <u>Carcinoma of Cervix with Metastases</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fibrinous Pleurisy</u>						19. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>A) Carcinoma of Cervix (Metastatic) B) Pyelonephritis</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>ST. Louis, Missouri</u>			21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 7 7 a.</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>171X</u>		
22. I hereby certify that I attended the deceased from <u>Jan. 14, 1954</u> , to <u>March 7, 1954</u> , that I last saw the deceased alive on <u>March 6, 1954</u> , and that death occurred at <u>5:30 A.m.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE (Degree or title) <u>Grant Smurlian M.D.</u>						23b. ADDRESS <u>216 S Kings highway</u>			23c. DATE SIGNED <u>March 8-1954</u>								
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>3-10-54</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>								
DATE REC'D BY LOCAL REG. <u>MAR 9 1954</u>			REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>			ADDRESS <u>4700 Washington Blvd</u>								

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

