

STANDARD CERTIFICATE OF DEATH

7028
State File No. 1340

FILED MAR 5 1954 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) St. Louis		c. CITY OR TOWN Jennings		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 1 1/2 months		e. STREET ADDRESS (If rural, give location) 8325 College Ave.			
d. FULL NAME OF HOSPITAL OR INSTITUTION: DePaul Hospital					

3. NAME OF DECEASED a. (First) Geneva			b. (Middle) R.		c. (Last) Young		4. DATE OF DEATH (Month) (Day) (Year) February 9, 1954		
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5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH December 3, 1893		9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			10b. KIND OF BUSINESS OR INDUSTRY County Assessors Office			11. BIRTHPLACE (City and State or Foreign Country) Bloomfield, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Miles A. McLaird			13b. MOTHER'S MAIDEN NAME Amanda A. Hill			14. NAME OF HUSBAND OR WIFE deceased		
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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. unknown		17. INFORMANT'S SIGNATURE OR NAME Mr. John L. McLaird				ADDRESS 5315 Jennings Rd.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</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>Carcinoma of ovary with</u> DUE TO (c) <u>generalized metastases</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION 1/4/54		19b. MAJOR FINDINGS OF OPERATION Carcinoma of ovary.				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)	
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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? 175X	
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22. I hereby certify that I attended the deceased from 12/20, 1954, to 2/9, 1954, that I last saw the deceased alive on 2/9, 1954, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Rosa A. Carroll M.D.		23b. ADDRESS 609 N. Grand		23c. DATE SIGNED 2/11/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-12-54		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Normandy, Missouri	
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DATE REC'D BY LOCAL REG. FEB 11 1954		REGISTRAR'S SIGNATURE Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.		ADDRESS 2161 E. Fair Ave.	
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(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.....
Signature of Student Embalmer

Signed *Alford G Burnley*.....

Licensed Embalmer No. *97*.....

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.