

STANDARD CERTIFICATE OF DEATH

State File No. 2229BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 278

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				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 town) <u>St. Ann's</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Ann's</u>		d. STREET ADDRESS (If rural, give location) <u>10716 St. Francis Lane</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10716 St. Francis Lane</u>				d. STREET ADDRESS <u>10716 St. Francis Lane</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u>			b. (Middle) <u>Durham</u>		c. (Last) <u>Durham</u>		4. DATE OF DEATH (Month) <u>1/25</u> (Day) <u>54</u> (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1/23/1883</u>	9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Lowndes, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Michael Fronabarger</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Barks</u>		14. NAME OF HUSBAND OR WIFE <u>Sidney Durham Dec.</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>Lydia Weathers 10716 St. Francis Lane</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer - Right breast</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> <u>4-5 yrs</u>	
19a. DATE OF OPERATION <u>1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer Right breast</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) <u>170K</u>				
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>Oct 2 Nov 10 1953</u> , to <u>Jan 25</u> , 1954, that I last saw the deceased alive on <u>Jan 25</u> , 1954, and that death occurred at <u>11:20 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John G. McManis M.D.</u>				23b. ADDRESS <u>10300 St Charles Road St Louis Co.</u>		23c. DATE SIGNED <u>Jan 26 1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/27/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cowan Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lowndes, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>1/26/54</u>		REGISTRAR'S SIGNATURE <u>Heather R. Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u>		ADDRESS <u>1125 Hodiamont Ave.</u>		

(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 _____

X
.....
working under my personal supervision.

Student Embalmer No.....

Signed Alfred J. Boedeker
.....
Licensed Embalmer No. 2663

Signed.....
Student Embalmer

P. O. Address 1125 Hodiam

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