

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

17348

4338

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) <b>3 days</b>		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MO. PAC. HOSP. 1755 S. LEMAY</b>				e. STREET ADDRESS (If rural, give location) <b>2317 28 NICHOLSON PLACE</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>LOUISA</b>		b. (Middle) <b>FRIEDA</b>		c. (Last) <b>VOWELL</b>	
4. DATE OF DEATH		(Month) <b>5</b>		(Day) <b>13</b>		(Year) <b>54</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>		8. DATE OF BIRTH <b>1-6-84</b>	
9. AGE (in years last birthday) <b>70</b>		f UNDER 1 YEAR Months		g UNDER 1 YEAR Days		h UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Henry Stark</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Langer Neckert</b>		14. NAME OF HUSBAND OR WIFE <b>Widowed</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ida O'Malley, 1728 Nicholson, St. Louis, Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute hemorragic pancreatitis</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Surgical operation for stone in common bile duct -</b>				<b>1 1/2 hrs -</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)				<b>56 hrs.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)					
19a. DATE OF OPERATION <b>5/11/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>stone in common bile duct -</b>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>584X</b>			
22. I hereby certify that I attended the deceased from <b>5-10-1954</b> , to <b>5-13-1954</b> , that I last saw the deceased alive on <b>5-13-</b> , 19 <b>54</b> , and that death occurred at <b>1:05 Am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. J. Laughtlin, Jr., M.D.</b> (Degree or title)				23b. ADDRESS <b>3170c Washington</b>		23c. DATE SIGNED <b>13 May 54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-15-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park,</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>MAY 14 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLAUGHLIN Funeral Home, Inc. 2301 Lafayette, St. Louis, Mo.</b>			

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

(Licensed Embalmer's Statement on Reverse Side)

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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 *A. G. Jarvis*.....

Licensed Embalmer No. *330*

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.