

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24547

State File No.

FILED JUL 26 1954

6313

BIRTH NO. _____ 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			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis Mo		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY'S Hosp. 1		e. STREET ADDRESS (If rural, give location) 6711 ALABAMA 2019			
3. NAME OF DECEASED (Type or Print) AMELIA		a. (First)		b. (Middle)	
c. (Last) FRETWELL		4. DATE OF DEATH		(Month) (Day) (Year) JULY 11 1954	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH OCT 7 1880		9. AGE (In years last birthday) 73		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) NONE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MISSISSIPPI	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME OLIVER CHISHOLM		13b. MOTHER'S MAIDEN NAME CAROLINA PRATHER	
14. NAME OF HUSBAND OR WIFE UNKNOWN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME MRS. FRANCES HAIRE		ADDRESS 6711 ALABAMA			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Carcinoma of Rectum & Colon			
ANTECEDENT CAUSES		DUE TO (b) none			
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 7 Mos			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum & ascending Colon			
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)		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 May 1, 1954 , to 7-11, 1954 , that I last saw the deceased alive on 7-10, 1954 and that death occurred at 6:10 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Mark J. Ober (Degree or title)		23b. ADDRESS 506 OLIVE ST		23c. DATE SIGNED 7-12-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JULY 13 1954		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL	
24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo		DATE REC'D BY LOCAL REG. JUL 13 1954		REGISTRAR'S SIGNATURE J. Cash Smith Mo	
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Rutledge		ADDRESS 2906 Pearson			

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 *James E. Hill*.....

Licensed Embalmer No. *4347*

P. O. Address *2906 Brown*

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.