

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32337**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8094**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <i>St. Louis</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 23 2342 Whitmore		f. (Rural, give location) <i>2370</i>	

3. NAME OF DECEASED (Type or Print) CATHERINE	a. (First)	b. (Middle)	c. (Last) WILLMAN	4. DATE OF DEATH SEPTEMBER 1, 1954
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5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Use only) <i>Widowed</i>	8. DATE OF BIRTH <i>Feb. 25, 1886</i>	9. AGE (In years last birthday) <i>68</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF OVER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) <i>Housework</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Mo.</i>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <i>James Laugherty</i>	13b. MOTHER'S MAIDEN NAME <i>Elizabeth Brown</i>	14. NAME OF HUSBAND OR WIFE <i>Ladie Hartman</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, unknown) <i>No.</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Ladie Hartman</i>	ADDRESS <i>5028 Lurent</i>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of stomach with generalized metastases</i>		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) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>151X</i>
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22. I hereby certify that I attended the deceased from *8-7-54*, 19___, to *9-1-54*, 19___, that I last saw the deceased alive on *9-1-54*, 19___, and that death occurred at *12:45A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>George Gots, M.D.</i>	(Degree or title)	23b. ADDRESS <i>1515 Lafayette Avenue</i>	23c. DATE SIGNED <i>9-1-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>Sept 3, 1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
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DATE REC'D BY LOCAL REG. OFFICE SEP 2 1954	REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J. J. Quinn</i>	ADDRESS <i>1389 Union</i>
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S.P. (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 *J. Allen Davis*.....

Licensed Embalmer No..... 48

P. O. Address *St. L.*.....

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.