

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42763

State File No. ....

FILED DEC 17 1954

318

REG. DIST. NO.

PRIMARY REG. DIST. NO.

1003

Registrar's No. ....

11210

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles 0923	
c. LENGTH OF STAY (In this place) 2 hrs		d. STREET ADDRESS (If rural, give location) 900 No. 6th St /	
3. NAME OF DECEASED (Type or Print) a. (First) Bessie b. (Middle) A c. (Last) Rose			4. DATE OF DEATH (Month) (Day) (Year) December 5, 1954
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Oct. 7 1888
9. AGE (In years) (last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper	11. BIRTHPLACE (City and State or Foreign Country) Matson Mo 0
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James A Cork		13b. MOTHER'S MAIDEN NAME Mary Hayes	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 489-28-1088	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Rae Cork 900 No. 6th St
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>Hepatic Coma</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES DUE TO (b) <u>Cirrhosis of liver, non alcoholic</u> <u>7 years</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic kidney</u> <u>Years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 5810
22. I hereby certify that I attended the deceased from <u>12/5</u> , 1954, to <u>12/5</u> , 1954, that I last saw the deceased alive on <u>12/5</u> , 1954, and that death occurred at <u>3:20 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. Prud'homme MD</u>		23b. ADDRESS Barnes Hospital	23c. DATE SIGNED 12/5/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 8 1954	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	24d. LOCATION (City, town, or county) (State) St Louis County Mo
DATE REC'D BY LOCAL DEC 9 1954	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter C. Bane St. Louis Mo</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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Plum M. Billo*

Licensed Embalmer No. *4375*

P. O. Address *St. Charles, Mo*

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.